



# UNIT 1

## Child Care Claim Form

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 Email: cupe3906@mcmaster.ca Fax: (905) 525.9140 Website: www.cupe3906.org

### CLAIMANT INFORMATION

Last Name:

Given Names:

Student / Employee Number:  Phone:

Email address:

Mailing Address:

Amount of current claim (Maximum \$100 per year):

Reason for Claim:

### EMPLOYMENT INFORMATION

Department currently/ most recently employed by:

Position currently / most recently held:

Term(s) employed this calendar year:  FALL  WINTER  SPRING/ SUMMER  N/A

If you checked N/A, when were you last employed as a TA/ RA?

### Claimant Authorization

I submit this claim with the knowledge that any false information given will result in my immediate disqualification in this benefit plan and may result in further legal action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH ORIGINAL RECEIPTS TO THIS FORM (NO COPIES).**

### FOR OFFICE USE ONLY

**CUPE Local 3906 Authorization:** We hereby certify that to the best of our knowledge the above claimant is a member in good standing and is entitled to this claim under the rules of the plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position: \_\_\_\_\_