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CUPE 3906 DENTAL PLAN: TA/ RA in lieu (UNIT 1) FAMILY COVERAGE REBATE FORM

CUPE 3906 offers a semi-annual family dental coverage rebate in November/December and February/March of the academic year to help offset the cost of family dental coverage for Unit 1 Members. The rebate amount per eligible member varies depending on the number of eligible members enrolled in family coverage.

Please submit this form at the time of your enrollment in family dental coverage. Eligible members will be contacted via e-mail (at the address provided on this form) when their claim is processed in November/December and January/February of the current academic year.

Please complete the following:

Name (please print):	Department:
Employee Number/Student Number:	E-mail Address:
Mailing Address:	Date of Enrollment in CUPE 3906 Family Dental Coverage:

Please select one:

- I would like my cheque mailed to the address above.
- I would like to pick up my cheque at the union office (KTH B111). (Please note that if you select this option, a notice will be sent to you **at the e-mail address you provide above** when the cheque is ready.)

I submit this claim as a member in good standing with CUPE Local 3906. I am aware that any false information given will result in my immediate disqualification from this benefit, and could result in further legal action.

Signature of Applicant: _____

Date: _____

CUPE 3906 Authorization: _____ Position: _____

Date: _____