



UNIT 1

Child Care Claim Form

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CLAIMANT INFORMATION

Last Name:

Given Names:

Student / Employee Number: Phone:

Email address:

Mailing Address:

Amount of current claim (Maximum \$300 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: _____