



# GENDER AFFIRMATION FUND ENROLLMENT AND CLAIM FORM

PLEASE TYPE OR PRINT CLEARLY, AND INCLUDE RECEIPTS  
FOR THE EXPENSE(S) YOU WISH TO BE REIMBURSED.

## UNIT 1

*\* For members of CUPE 3906, Unit 1 (TAs and RAs in-lieu) who identify as Two Spirit, trans, or nonbinary. Each applicant's Unit 1 membership will be confirmed by our third-party administrator prior to any reimbursement. \**

ALL INFORMATION CONTAINED HEREIN WILL BE KEPT CONFIDENTIAL.

**Note: We understand that many Two Spirit, trans, and nonbinary people may not use the “legal” names associated with their bank accounts, and that deadnaming can cause a lot of undue harm. In lines 1 and 2, please provide the name you use in everyday life. Should this name differ from that which appears on your bank account, please provide the name that appears on said bank account on line 4. This banking name will appear on any cheques issued to you; however, your preferred name will be our default for all other purposes. The only person to use your banking name will be the Prosure account representative who issues your cheque. Beyond that, the banking name will be kept confidential.**

1. LAST NAME: \_\_\_\_\_
2. FIRST NAME: \_\_\_\_\_
3. PRONOUNS TO BE USED IN CORRESPONDENCE: \_\_\_\_\_
4. NAME AS IT APPEARS ON BANK ACCOUNT (if different from above):  
\_\_\_\_\_
5. DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_
6. MCMASTER UNIVERSITY EMPLOYEE NUMBER: \_\_\_\_\_  
*Note: As Unit 1 members, your employee number is typically the same as your student number. This number MUST be included in order to be eligible for reimbursement.*
7. HOME PHONE OR CELL NUMBER: \_\_\_\_\_

### FOR REIMBURSEMENT – CHOOSE ONLY 1 OF THE FOLLOWING 2 OPTIONS:

Please mail the cheque to me at my home address below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OR

Direct deposit

*NOTE: Applicants seeking direct deposit MUST complete a Pre-Authorized Payment Form (found at the end of this form) and include it – as well as a void cheque or bank printout – in the same envelope or email as the claim form being sent to Prosure. Any claims submitted for direct deposit without said paperwork will be considered incomplete and may be denied until the member can provide what is required. Please also note that any future claims made through the Gender Affirmation Fund will be deposited to the bank account provided on the abovementioned Pre-Authorized Payment Form. The applicant will be responsible for notifying the Prosure Group of any changes to their bank account.*

**INFORMATION ABOUT YOUR CLAIM**

Please list the expense(s) for which you are currently seeking reimbursement. Some examples of eligible expenses can be found on our website (see: Gender Affirmation Fund); however, the Union recognizes that this list is not exhaustive.

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PLEASE BE SURE TO APPEND RECEIPTS OF THE EXPENSES FOR WHICH YOU ARE SEEKING REIMBURSEMENT. FOR CLAIMS SENT VIA REGULAR MAIL, ORIGINAL RECEIPTS ARE REQUIRED. FOR CLAIMS SENT VIA EMAIL, A PHOTO OR SCAN OF THE ORIGINAL RECEIPT(S) WILL BE ACCEPTED UNTIL FURTHER NOTICE.

**\$ Amount:** \_\_\_\_\_

**OPTIONAL FEEDBACK**

We welcome feedback on how to better approach gender affirmation funding, particularly with regard to expenses not listed on our website. Your response will be anonymized and shared with the Union’s Executive Committee on how to better approach gender affirmation funding.

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**A NOTE ON TOTAL CLAIMS: Maximum allowable is \$2,000 per person, per academic year (September-August). Lifetime cap per member is \$4,000.**

**SEND CLAIM FORM, RECEIPT(S), & PRE-AUTHORIZED PAYMENT FORM (WHERE APPLICABLE) VIA EMAIL TO:**

**[claims@prosure-group.com](mailto:claims@prosure-group.com)**  
**(the preferred option during COVID-19)**

**OR, VIA REGULAR MAIL TO:**

**PROSURE GROUP ADMINISTRATORS LTD.**  
**225 Sheppard Ave East, Suite 1400, Atria III**  
**Toronto, ON**  
**M2J 5C2**

**I submit this claim in the knowledge that any false financial statements may result in my disqualification from this benefit plan and could result in further legal proceedings.**

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CUPE Authorized Rep:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRE-AUTHORIZED PAYMENT FORM

This form **MUST** be completed in order to receive reimbursement through direct deposit.

**PLAN NAME:** CUPE 3906 UNIT 1 GENDER AFFIRMATION FUND

**MEMBER'S NAME AS IT APPEARS ON BANK ACCOUNT:**

\_\_\_\_\_

**BANK #:** \_\_\_\_\_

**TRANSIT #:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

I hereby authorize the Prosure Group to deposit any claims I have made under CUPE 3906 Unit 1's Gender Affirmation Fund to my account, indicated above.

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

**Name to be used in correspondence (if different from above):**

\_\_\_\_\_

**Email address:** \_\_\_\_\_

Please attach a void cheque or bank printout verifying your account information and include it with this form in the claim being sent to the Prosure Group, either by email or regular mail.