

Position:



## **Child Care Claim Form**

B111 Kenneth Taylor Hall, McMaster University, 1280 Main St. West, Hamilton, Ontario L8S 4M4 (905) 525-9140 ex. 24003 Email:cupe3906@mcmaster.ca Fax: (905) 525.9140 x 24003 Website: cupe3906.org

Last Name:  Given Names:  Student / Employee Number:  Phone:  Email address:  Mailing Address:  Amount of current claim (CURRENT Max \$450 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  Isubmit 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:	CLAIMANT INFORMATION
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