



SPENDING ACCOUNT & ENROLLMENT CLAIM FORM

AUG 2022 version

(PLEASE TYPE OR PRINT CLEARLY)

Please include - Original receipts and/ or Explanation of benefits form from primary insurer.
CLAIMS CANNOT BE PAID WITHOUT THIS DOCUMENTATION

UNIT 1

LAST or FAMILY NAME

FIRST NAME

HOME PHONE or CELL #

Email address

McMaster University **Employee No.**

NOTE: This number MUST be shown

FOR REIMBURSEMENT CHEQUE - please choose

only one of the following 3 options:

Please mail cheque to me (name above) at my home address below.

OR

Mail cheque to:

CUPE 3906
B111 Kenneth Taylor Hall, McMaster University
1280 Main St. W., Hamilton, Ontario. L8S 4M4

OR

Mail directly to medical practitioner. Name and address as shown on attached valid receipts.

| Claimant Information | Name | Date of Birth mmm/ day / year | Type of Claims (i.e. Rx Drugs, Vision, Dental, Other) | \$ Amount |
|----------------------|---------------|----------------------------------|---|-----------|
| SELF | Name as above | | | |
| Spouse | | | | |
| Dependent 1. | | | | |
| Dependent 2. | | | | |

TOTAL CLAIMS - Maximum allowable is \$350 per person, (including Dependents) every 24 months

SEND CLAIM FORM & RECEIPT(S) TO

claims@prosure-group.com

(or mail to: Prosure Group Administrators Ltd.
2255 Sheppard Ave East, Suite 202, Atria 1 Toronto,
Ontario M2J 4Y1)

OR

DROP OFF Form & Receipts at
CUPE 3906

B111 Kenneth Taylor Hall, McMaster University
1280 Main St. W., Hamilton, Ontario L8S 4M4
Tel: 905-525-9140 ext. 24003 www.cupe3906.org

Any questions call (Prosure Group) Toll Free: 888 - 556-5559 Ex 5332 • FAX: 416-609-9551

PLEASE SIGN & DATE the form. I submit this claim in the knowledge that any false information may result in my immediate disqualification from this benefit plan and could result in further legal proceedings.

Member Signature: _____

Date: _____

(Please email administrator@cupe3906.org with any questions. Please note that claim forms and supporting documentation can now be submitted via email to: claims@prosure-group.com) Jan 2023 version