



UNIT 1

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

CLAIMANT INFORMATION

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

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: _____