



UNIT 1

UHIP Rebate Claim Form

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 Email: administrator@cupe3906.org Fax: (905) 525.9140 Website: http://.cupe3906.org

CLAIMANT INFORMATION

Last Name:

Given Names:

Student / Employee Number: Phone:

Email address:

Mailing Address:

Amount of current claim **(Maximum \$250*per academic year)**:

Reason for Claim:

EMPLOYMENT INFORMATION

Department currently/ most recently employed by:

Position currently / most recently held: TA RA in lieu

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 SUBMIT THIS FORM AND PROOF OF UHIP FEE PAYMENT VIA EMAIL TO:
 claims@prosure-group.com**