SPENDING ACCOUNT & ENROLLMENT CLAIM FORM

AUG 2022 version

(P L E A S E T Y P E O R P R I N T C L E A R L Y)

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 REIMBURSMENT 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

Please note: Where a portion of your claim was paid by another coverage provider, please include **an explanation of benefits**.

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 KennethTaylor 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): 416-609-0989**

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 verision