



CUPE LOCAL 3906

CANADIAN UNION OF PUBLIC EMPLOYEES - MCMASTER ACADEMIC & RESIDENCE WORKERS

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CUPE 3906 Unit 2 Reproductive Health and Gender Affirmation Claim Form Instructions and Background:

Based on membership feedback and as a commitment to an inclusive and equity-seeking local, your bargaining committee negotiated language to obtain benefits funds to support reproductive health and well-being and gender affirming care. Your benefits committee has determined that the maximum eligibility will be set at \$800 per academic year. For clarification, this would mean that members can claim up to \$800 in gender affirming care OR reproductive health care OR some combination of the two (e.g., \$400 in gender affirming care and \$400 reproductive health) per academic year. Eligible Costs for Reproductive Health include but are not limited to costs associated with fertility treatments, menstrual products, HPV vaccines, prenatal vitamins, OTC Plan B, IUD insertions, transportation to and from reproductive healthcare services etc. Eligible costs for Gender Affirmation include but are not limited to: everyday purchases associated with gender affirmation (e.g., new wardrobe, binders, shapewear, packers, makeup, wigs); medical procedures, pharmaceuticals, and therapies associated with gender affirmation, especially those not sufficiently covered under the member's existing health and public insurance plan(s); administrative costs associated with changing one's legal name and/or listed gender marker through the required government channels, and reissuing any official documentation/forms of identification to reflect said change(s); costs incurred as a result of transphobic/transmisogynist violences.

We recognize that the financial costs associated with reproductive health may vary greatly from person-to-person. The costs listed above are not exhaustive. If you have questions about whether or not a specific cost is eligible, please contact claims@prosure-group.com. The Benefits Committee remains committed to working closely with members of the Women and Gender Rights Committee and Equity Action Committee to provide fair and equitable access to this fund. If you would like to be a part of this process, please reach out to equity@cupe3906.org, womenscommittee@cupe3906.org, or benefits@cupe3906.org.

Claims are paid to members by the Prosure Group. Your personal information and claim details will not be shared with the Benefits Committee. Please follow the claim instructions below.

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Unit 2 Reproductive Health and Gender Affirmation Fund Claim Instructions:

1. Please print clearly or type your information into the form.
2. Complete "Part 1: Member Information".
3. Complete "Part 2: Claim Details".
 - a) If you are claiming only Reproductive Health expenses, please complete part "A: Reproductive Health Claims" only.
 - b) If you are claiming only Gender Affirmation expenses please complete part "B: Gender Affirmation Claims" only.
 - c) If you are claiming both Reproductive Health and Gender Affirmation expenses, please complete both parts "A" and "B" of the form.
4. Complete "Part 3: Payment Method and Signature". Please provide your up-to-date mailing address in this section. **Please note that claims that are not signed and dated will not be paid.**
5. Please include clear photos or scans of your original receipts and/or supporting documentation, and email the claim form and receipts and/or supporting documentation to: claims@prosure-group.com. If you are not able to submit the completed claim form and supporting documentation via email, please mail them to the Prosure Group at address provided on the form.
6. Wherever possible, please submit at least \$70 worth of expenses at a time to help us keep administrative costs and burdens down. Please submit claims no later than 60 days after the end of the eligibility period (i.e., August 31, 2026). If possible, please submit claims within 60 days of incurring the expense.
7. Please keep your original receipts and/or supporting documentation for at least 1 year following the submission of your claim.