



CUPE 3906 Unit 2 Reproductive Health and Gender Affirmation Claim Form

PLEASE READ THE INSTRUCTIONS FOR FILLING OUT THIS FORM PROVIDED ON OUR WEBSITE PRIOR TO SUBMISSION:

<https://cupe3906.org/sessionals-unit-2/u2garhf/> *Make it easier for us to give you money!*

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

PART 1: MEMBER INFORMATION

Note: We understand that many Two Spirit, trans, and nonbinary people may not use the “legal” names associated with their bank accounts, and that deadnaming can cause a lot of undue harm. In lines 1 and 2, please provide the name you use in everyday life. Should this name differ from that which appears on your bank account, please provide the name that appears on said bank account on line 4. This banking name will appear on any cheques issued to you; however, your chosen name will be our default for all other purposes. The only person to use your banking name will be the Prosure account representative who issues your cheque. Beyond that, the banking name will be kept confidential.

1. LAST NAME OR FAMILY NAME: _____
2. FIRST NAME: _____
3. PRONOUNS TO BE USED IN CORRESPONDENCE: _____
4. NAME AS IT APPEARS ON BANK ACCOUNT (if different from above):

5. DATE OF BIRTH: _____
6. HOME PHONE OR CELL NUMBER: _____
7. E-MAIL ADDRESS: _____
8. McMASTER UNIVERSITY EMPLOYEE NUMBER: _____ *PLEASE NOTE: THIS NUMBER MUST BE SHOWN

PART 2: CLAIM DETAILS

A. REPRODUCTIVE HEALTH CLAIMS

PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE SUBMITTING REPRODUCTIVE HEALTH EXPENSES.

CLAIMANT INFORMATION:	NAME:	DATE OF BIRTH:	TYPE OF EXPENSE: (e.g., fertility treatment, menstrual products, etc.)	\$ AMOUNT:
<input type="checkbox"/> SELF	Name as above	DOB as above		
<input type="checkbox"/> SPOUSE				
<input type="checkbox"/> DEPENDENT 1				
<input type="checkbox"/> DEPENDENT 2				

PLEASE USE THIS SPACE IF YOU REQUIRE MORE ROOM TO PROVIDE THE CLAIM INFORMATION REQUESTED ABOVE:

(Cont'd...)

B. GENDER AFFIRMATION CLAIMS

PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE SUBMITTING GENDER AFFIRMATION EXPENSES.

Please list the expense(s) for which you are currently seeking reimbursement. Some examples of eligible expenses can be found on our website (see: <https://cupe3906.org/sessionals-unit-2/u2garhf/>); however, the Union recognizes that this list is not exhaustive:

PLEASE BE SURE TO APPEND RECEIPTS OF THE EXPENSES FOR WHICH YOU ARE SEEKING REIMBURSEMENT. FOR CLAIMS SENT VIA REGULAR MAIL, ORIGINAL RECEIPTS ARE REQUIRED. FOR CLAIMS SENT VIA EMAIL, A PHOTO OR SCAN OF THE ORIGINAL RECEIPT(S) WILL BE ACCEPTED UNTIL FURTHER NOTICE.

\$ Amount: _____

PART 3: PAYMENT METHOD AND SIGNATURE

TOTAL CLAIMS – The maximum total allowable reimbursement for Reproductive Health AND Gender Affirmation is \$1,000.00 per academic year (Sept to Aug).

FOR REIMBURSEMENT :

Please mail the cheque to me at my home address below (please include postal code):

Please sign and date the form:

I submit this claim in the knowledge that any false financial statements may result in my disqualification from this benefit plan and could result in further legal proceedings.

Member Signature: _____ Date: _____

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

Any questions? Call the Prosure Group Toll Free: 888 - 556-5559 Ext 1 • FAX: 416-445-2222

We welcome feedback on how to better approach gender affirmation funding, particularly with regard to expenses not listed on our website. Your response will be anonymized and shared with the Union's Executive Committee on how to better approach gender affirmation funding: