CUPE LOCAL 3906
CANADIAN UNION OF PUBLIC EMPLOYEES - MCMASTER ACADEMIC & RESIDENCE WORKERS
Tel: 905-525-9140 ext. 24003 Fax: 905-525-3837 Email: staff@cupe3906.org
McMaster University, Kenneth Taylor Hall B111, 1280 Main St W, Hamilton, ON, L8S 4M4

Unit 1 (Tas/Ras in Lieu) Health Care Spending Account (HCSA) & Enrollment Claim Form

Please type or print clearly

Please include: Original Receipts and/or Explanation of Benefits from an Insurance Provider. (Claims cannot be paid without this documentation.)

LAST or FAMILY NAME: FIRST NAME:

HOME or CELL PHONE NUMBER: EMAIL ADDRESS:

McMASTER UNIVERSITY EMPLOYEE (STUDENT) NUMBER:

(Please note: Employee/Student number MUST be provided above or claims will not be paid.)

FOR REIMBURSEMENT CHEQUE—PLEASE SELECT ☑ ONE OPTION:

1. Please mail my cheque to me at my home address shown below:

OR

2. Please mail my cheque to: KTH B111, McMaster University
1280 Main Street W
Hamilton, ON L8S 4M4

OR

3. Please mail a cheque to my practitioner (Name and mailing address below):

Claimant Information:	Name:	Date of Birth (mm/dd/yyyy)	Type of Claim (e.g., vision, prescription, etc.)	Amount ($)
Self	(name as above)			
Dependent 1				
Dependent 2				
(Please include additional dependent claims on a separate sheet)			TOTAL	

Eligibility determined by academic year (i.e., September 1-August 31)

Note: If a portion of your claim was provided by another insurance company, please include an explanation of benefits.

Send claim form and receipts 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

CUPE Local 3906
KTH B111, McMaster University
1280 Main St. W.
Hamilton, ON L8S 4M4

Please contact the Prosure Group with questions 416-609-0989 or contact administrator@cupe3906.org

Please sign and date: I submit this claim with the knowledge that any false information may result in my immediate disqualification from this benefit plan and may result in further legal action.

Signature: Date: