



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)

UHIP Rebate Claim Form

Please type or print clearly

Please include: Proof of UHIP Fee Payment. (Claims cannot be paid without this documentation.)

CLAIMANT INFORMATION:

LAST or FAMILY NAME:

FIRST NAME:

HOME or CELL PHONE NUMBER:

EMAIL ADDRESS:

McMASTER UNIVERSITY EMPLOYEE (STUDENT) NUMBER:

AMOUNT OF CURRENT CLAIM

(Please note: Current maximum is \$250/academic year)

REASON FOR CLAIM:

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

EMPLOYMENT INFORMATION:

DEPARTMENT CURRENTLY/MOST RECENTLY EMPLOYED BY:

POSITION CURRENTLY/MOST RECENTLY HELD:

TA

RA (IN LIEU OF TA)

TERM(S) EMPLOYED THIS ACADEMIC YEAR:

FALL

WINTER

SPRING/SUMMER

N/A

IF YOU SELECTED N/A, WHEN WERE YOU LAST EMPLOYED AS A TA/RA (IN LIEU)?

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

Send claim form and
receipts to:

[claims@prosure-
group.com](mailto: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: