



UNIT 2

SPENDING ACCOUNT & ENROLLMENT

CLAIM FORM Version Fall 2022

(PLEASE TYPE OR PRINT CLEARLY)

Please include - Original receipts and/ or Explanation of benefits form from primary insurer.

CLAIMS CANNOT BE PAID WITHOUT THIS DOCUMENTATION

www.cupe3904.ca

Fall 2022 **RECEIPTS MUST BE DATED IN 2022 (Jan 01 to Dec 15, 2022)** **Deadline to apply: December 15, 2022**

LAST or FAMILY NAME FIRST NAME

HOME PHONE or CELL # Ryerson Email address

Ryerson University Employee No. **NOTE: This number MUST be shown**

Health claims must be submitted by email to claims@prosure-group.com

Any questions please contact Prosure Group Administrators Ltd. Phone: 416 - 609 - 0989 Ex. 5332

Funds are limited and paid on a first come first serve basis: Receipts must be dated in 2022: Minimum Claim \$100!

FOR REIMBURSEMENT CHEQUE - please choose only one of the following 2 options:

Please mail cheque to me (name above) at my home address below.

Receipts must be dated in 2022 (January 01, 2022 to December 15, 2022).

Expenses must be incurred in Canada and cheque(s) must be mailed to a Canadian address.

OR

Mail directly to medical practitioner. Name and address as per attached valid receipts or address below.

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.				

My spouse is also an eligible member of this CUPE 3904 HSA plan. YES NO **Minimum Claim \$100**

CLAIM ELIGIBILITY: \$300 PER MEMBER (Including Dependent claims)

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AFTER COMPLETING THE INFORMATION ABOVE PLEASE PRINT then SIGN and DATE

If my spouse or common-law partner is also an eligible member of this plan then only one of us is eligible to apply for dependent children benefits. Consequently if I am applying for dependent benefits my spouse is eligible for benefits ONLY as a Single member.

I submit this claim in the full knowledge that an false information may result in my immediate disqualification from this benefit plan and could result in further legal consequences.

Signed: _____

Date: _____

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