CUPE 3904
CONTRACT ACADEMICS OF RYERSON UNIVERSITY

UNIT 2

www.cupe3904.ca

SPENDING ACCOUNT & ENROLLMENT

CLAIM FORM Version 2019

(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

Funds are limited and paid on a first come first serve basis: Receipts must be dated in 2019 & Minimum Claim $100!

LAST or FAMILY NAME _____ FIRST NAME _____

HOME PHONE or CELL # _____ Ryerson Email address _____

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

MAIL THE CLAIM FORM and ORIGINAL RECEIPTS TO:

Prosure Group Administrators Ltd.,
2225 Sheppard Ave. East, Ste 1400 Atria III
Toronto, Ontario M2J 5C2

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

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

_____

_____

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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Any questions please contact Prosure Group Administrators Ltd. at:

Phone: 416 - 609 - 0989 Ex. 5332 • FAX: 416 - 609 - 9551 • TOLL FREE: 888 - 556 - 5559 Ex 5332

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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