



**UNIT 2**

[www.cupe3904.ca](http://www.cupe3904.ca)

# SPENDING ACCOUNT & ENROLLMENT

## CLAIM FORM Version 2020

(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 2020 & 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 REIMBURSEMENT 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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