

CUPE Supplemental Fund -Application Form

CUPE 951 have set up a committee to distribute the CUPE Supplemental Fund as set out in the Letter of Agreements (CUPE 951 / LOA #13). 951 has agreed to use this fund to supplement the (Plan C) Orthodontics or Hearing Aids Health Benefit supplied by Pacific BlueCross (claimed once every 5 years) to a maximum of two-hundred, fifty dollars (\$250) per member allotted on a first come, first served basis annually. It is not meant to replace the Health Benefit, rather to supplement it. CUPE 951 representatives appointed by the Union will administer the fund.

Please complete this form and email admin@cupe951.ca or deliver to the CUPE 951 office in the HWB Room 221.

Eligibility Criteria:

- 1.) Are you a member of CUPE 951 with UVic/Pacific Blue Health Benefits? **Yes** ☐ **No** ☐
- 2.) Are the expenses you are claiming the result of a workplace injury? **Yes** ☐ **No** ☐
(i.e. WorkSafe, Motor vehicle accident or other accident)
- 3.) Is another insurance plan covering costs? **Yes** ☐ **No** ☐

Part 1: Member Information: *(Note: This is a taxable benefit and will be noted on your T4)*

Name: _____ Employee # _____

Department: _____ Phone: _____

Part 2: Claim with copy of your receipt

Please enclose copy of all supporting documentation and your receipt.

Part 3: Signature of Applicant and Date

Member Signature : _____ Date: _____