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## Unit 1 Child Care Claim Form

### Claimant Information

Last Name: \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 Student/Employee No. \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount of current claim (maximum \$100 per year): \$ \_\_\_\_\_  
 Reason for claim: \_\_\_\_\_

### Employment Information

Department currently/most recently employed by: \_\_\_\_\_  
 Position currently/most recently held:                      TA                      RA in lieu  
 Term(s) employed this academic year: (check all that apply)  
                     FALL                      WINTER                      SPRING/SUMMER                      N/A  
 If you checked N/A, when were you last employed as a TA/RA? \_\_\_\_\_

### Claimant Authorization

I submit this claim with the knowledge that any false information given will result in my immediate disqualification in this benefit plan and many result in further legal action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY*

### CUPE Local 3906 Authorization

We certify that to the best of our knowledge the above claimant is a member in good standing and is entitled to this claim under the rules of the plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position: \_\_\_\_\_

**PLEASE ATTACH ORIGINAL RECEIPTS TO THIS APPLICATION (NO COPIES).**