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Unit 1 UHIP Rebate Claim Form

Claimant Information

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

Have you applied for this rebate in the last 12 months? Yes No
Amount of current claim (maximum \$100 per year): \$ 100.00

Employment Information

Department: _____
Course name: _____ Course Code: _____
Term employed (refers to current academic year)
Start month: _____
 Fall (September) Winter (January) Spring/Summer (May/June)
End month: _____
Hours contracted to teach:
 Full (260 hours) Half (130 hours) Other amount: _____

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: _____