

CUPE 3903 Application for Extended Health Benefits (EHB) Reimbursement Fund Option A – Urgent Needs

This application information is kept confidential. Submit application (pages 1 & 2) in a sealed envelope marked “**personal and confidential**” and address to: CUPE 3903 Extended Health Reimbursement Fund, TEL 2050, York University, 4700 Keele Street, Toronto ON M3J 1P3.

Option A forms can be submitted at any time

Member Name:	Phone:
Email:	Date of application:
Address: (where a cheque, if issued, will be sent)	Date of most recent CUPE 3903 contract _____
Check the boxes that apply to you <input type="checkbox"/> International student <input type="checkbox"/> Single person with dependents	Questions? Email ehb3903@gmail.com

1. Total of Reimbursement for Health Receipts submitted	\$ _____
2. Total of Money Requested for an Urgent Health Need *	\$ _____
Total	\$ _____
<small>* For # 2 the application must contain estimates of costs to be incurred. Estimates can include past receipts for the health product, a letter from a health professional with estimated costs , or an advertised price</small>	
IMPORTANT: It is not necessary but if you wish, please attach a statement with an explanation of the extended health care need for which funding is being requested and include any additional supporting documentation. The statement shall also explain how the urgency will present an undue financial burden	

Income:

Annual income (from all sources) after taxes	
Partner’s annual income (if applicable) from all sources after taxes	
Total	\$ _____

Monthly expenses:

Item	Amount
Rent/mortgage	

Heat		
Utilities		
Food		
Transportation		
Miscellaneous: Please list		
	Total Monthly Costs	\$

<p>I certify that all information presented herein is accurate to the best of my knowledge.</p> <p>Signature:</p>
<p>Date:</p>

The below space is for use by EHB Committee only

Application contains : all required receipts receipts missing

List any missing receipts that need to be requested from member:

1. _____
2. _____
3. _____

Outcome of application:

1. All costs approved at _____ % ; \$ _____ cheque to be issued
2. Partial costs approved at _____%; \$ _____ cheque to be issued
3. Rejected because _____

Check reason(s) for partial cost approval:

- a. Missing receipts above b. Ineligible expenses c. More info needed

Brief Explanation of more info needed: _____

Signature of EHB Members (each application is double read)

1. _____
2. _____