



CASUAL UNIT Dental Claim Form

Cheque # _____
Cheque date _____

SECTION 1 – CASUAL MEMBER INFORMATION

PERSONNEL NUMBER	EMAIL ADDRESS	
SURNAME	FIRST NAME	PHONE NUMBER
ADDRESS	SOCIAL INSURANCE NUMBER	
CITY	PROVINCE	POSTAL CODE

SECTION 2 - ELIGIBILITY

I have been actively employed in the USW Casual Unit for 12 months prior to the date I submit my claim. YES NO

I worked with an appointment of 20% or more, or regularly worked 7.25 or more hours each week for 4 consecutive months in the previous 12 months. YES NO

If Yes, please list the months: _____

I worked at least 5 shifts a month for any 4 months in the previous 12 months. YES NO

If Yes, please list the months: _____

Please attach timesheets or ESS printouts for the relevant periods of employment. ATTACHED

SECTION 3 – MANDATORY DECLARATION

Casual employees with other health benefit coverage from the University of Toronto are not eligible to make a claim.

I am not eligible for coverage based on any other U of T employment or student status, including students health benefits, health care spending accounts or retiree benefit plan. AGREE

DATE	PROFESSIONAL/ SUPPLIER'S NAME and Provider Number (if available)	DATE OF CLAIM			TYPE OF EXPENSE	TOTAL AMOUNT CHARGED PER VISIT/ ITEM
		YR	MO	DAY		
TOTAL CLAIMED						

SECTION 4 - AUTHORIZATION

Signature Date

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate.

SECTION 5 - MAILING INSTRUCTIONS

PLEASE ATTACH ALL ORIGINAL DOCUMENTATION and retain copies for your files as original receipts will not be returned. Send your claim to the corresponding address below.

USW LOCAL 1998
Attention: Financial Secretary
25 Cecil Street, 3rd Floor, Toronto, ON M5T 1N1
Contact us at 416-506-9090 or info@usw1998.ca

Meeting date approved: _____

