



## University of Toronto Casual Unit Health Care Benefit Claim Form

Updated January 8, 2026

### SECTION 1 | MEMBER INFORMATION

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Social Insurance #: \_\_\_\_\_  
Date of Birth (DD-MM-YYYY): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_

Address: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Work #: \_\_\_\_\_

### SECTION 2 | ELIGIBILITY

I am a University of Toronto Casual Unit employee with an appointment of 20% or more (or the equivalent of 7.25 hours per week) in any four consecutive months over the past 12-month period.

I am a University of Toronto Casual Unit employee who works on an intermittent or irregular basis with at least five scheduled shifts per month in any four consecutive months over the past 12-month period.

I confirm that I am *not* eligible for health care benefits through another University of Toronto employment group, retiree benefit plan, or student benefit plan.

### SECTION 3 | CLAIM INFORMATION

#### Claim Type

Paramedical Services  
Prescription Medication

#### Do you have other insurance coverage?

No

Yes

If yes, Name of Insurer: \_\_\_\_\_

### SECTION 4 | SUPPORTING DOCUMENTATION

I have enclosed a **copy** of proof of payment for paramedical services, or prescription drug purchase.

I have enclosed **copies** of my time sheets or pay stubs to show fulfilment of employment eligibility criteria.

### SECTION 5 | AUTHORIZATION

Signature

Date (DD-MM-YYYY)

### SECTION 6 | MAILING INSTRUCTIONS

Mail or email claim form and supporting documentation to: W.A. Health Inc. Email: [claims@wahealth.ca](mailto:claims@wahealth.ca)  
1149 Main St. E. Hamilton, ON L8N 1G4 Tel: 289-768-3621 | Toll Free: 1-877-207-8234