



University of Toronto Casual Unit
Health Care Benefit Claim Form

Updated January 8, 2026

SECTION 1 | MEMBER INFORMATION

First Name: _____

Address: _____

Last Name: _____

Unit #: _____

Social Insurance #: _____

City: _____

Date of Birth (DD-MM-YYYY): _____

Province: _____

Email Address: _____

Postal Code: _____

Cell #: _____

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

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.

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

1149 Main St. E. Hamilton, ON L8N 1G4 Tel: 289-768-3621 | Toll Free: 1 -877-207-8234