



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 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 Drugs
Dental Services (2025 Claims Only)

Do you have other insurance coverage?

No
Yes
Insurer:

SECTION 4 | SUPPORTING DOCUMENTATION

I have enclosed a **copy** of proof of payment for paramedical services, prescription drug purchase, or dental services.
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.
149 Main St. E.
Hamilton, ON L8N 1G4

Email: claims@wahealth.ca
Tel: 289-768-3621
Toll Free: 1 -877-207-8234