

**The Benefits Plan for CUPE Local 3913 - Unit 2  
at Guelph is established with the following rules/provisions:  
(amended Jan 25, 2010)**

1. Initially, Sessionals were eligible to take part in the University's Group Benefits Plan, if they had a certain workload. In reality, only a handful of sessionals ever qualified for this coverage, leaving the vast majority of members with no coverage at all. In the last round of negotiations the Union won a major breakthrough, getting the money to start a new benefits plan, available to all sessionals.

- Effective Oct 18, 2006 Unit 2 members are covered under their own separate plan for \$400/12 months
- Effective June 1, 2008 Unit 2 members are covered for \$800/12 months

2. As of the inception date, October 18, 2006, all members, their spouses and dependants (under 21 years of age, as listed on page 2 of their income tax return) are eligible. Those members who have coverage elsewhere (e.g. parental/spousal coverage) will be eligible to submit a claim for any excess amount not paid by that coverage.

3. Only expenses identified as eligible benefits by the Canada Revenue Agency will be reimbursed (some exceptions apply). Claims must be submitted within 8 months following the completion of a member's last work assignment.

4. Members who qualify for the University Benefits Plan, as outlined in Article XIX of the Collective Agreement, will not be eligible for this coverage.

5. A member must have a teaching appointment in order to qualify for coverage. If for any reason other than medical (as defined by Employment Canada for instance), a member does not complete a teaching appointment, his/her coverage /eligibility will cease on the last day worked.

6. There is no need to complete a separate enrollment/claim form prior to the first claim. For your claim please fill out on screen and print page 2, then drop it off at the Union office.

**7. Please note that once you have completed the claim form, it must be signed by a Local 3913 Representative. The Union will submit it to Prosure for payment. The claim cheque will then be returned to the Union office, where it will be available for pick-up, usually within 20 working days. It is your responsibility to come to the office to pick up your cheque. Please be aware that after 6 months, cheques will be considered stale-dated and will be returned to the plan. If you will not be in Guelph for the 6 months following your claim, please contact the Union to make arrangements for mailing your cheque.**

8. Although a substantial commitment has been made, there is still a limited amount of funds available for everyone for this benefit. Accordingly, where it's possible to access any other primary plan for coverage we would encourage you to do so to the extent to which you're able (see 2. above). When all funds deposited are expended for the year no further benefits will be paid. Therefore **claim payments will be disbursed on a "first come" basis and when the allotment is gone, nothing more will be available for the year.**

*If you have any questions, please feel free to contact the Union office:*

**CUPE 3913, UC 213A, ext. 56268**

**The Process:**

- Simply download the claim form from our website - [www.cupe3913.on.ca](http://www.cupe3913.on.ca) - or pick up a copy from the Union Office.
- Fill out the form completely (the form can be filled out on-screen and printed), and bring it to the Union office.
- We will check the members' list for your name, authorize the claim form, and send it to Prosure
- Once the cheques are received you can pick them up at the Union Office during the times posted on the website.
- The turnaround for disbursements is usually 20 working days
- Any changes or further information will be provided by email through the Union.

Solidarity,  
The Executive



# Unit 2 - Benefits Plan

## ENROLLMENT CLAIM FORM - Sessionals (amended Jan 25, 2010)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Semester of last Sessional Appointment:  Fall  Winter  Spring Year: 20\_\_ \_\_

Level of Appointment:  full-time  Other (specify): \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Course: \_\_\_\_\_

Amount of claim: \$\_\_\_\_\_ (max. allowable of \$800/12 months)

I have used **all** other benefits I am eligible for, prior to filing this claim  Yes  No

### Applicant Contact Information:

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Claim : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Self  Spouse/Dependant (please write name below)

Spouse/Dependant Name: \_\_\_\_\_

Please include the original receipts (or an Explanation of Benefits form from another insurance provider) with your claim form - CLAIMS CANNOT BE PAID WITHOUT THEM

***I submit this claim in the knowledge that any false information given will result in my immediate disqualification in this benefits plan and could result in further legal action.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### -CUPE LOCAL 3913 AUTHORIZATION-

We certify, to the best of our knowledge, that the above claimant is a member in good standing of the Local; is actively honouring (or has actively honoured) the terms of his/her teaching appointment, and, is entitled to submit a claim for this benefit, under the rules of this plan.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(on behalf of CUPE Local 3913)