

The Supplementary Medical Emergency Fund for CUPE Local 3913 - Units 1 & 2 is established with the following rules/provisions (amended Jan 25, 2010):

CUPE 3913 will make funds available to members in good standing of Units 1 (Teaching Assistants) and Unit 2 - Sessionals - in the event of a Medical emergency, with the following understanding:

The purpose and intent of this benefit is to provide at least some financial relief to our members in catastrophic situations where no other aid or recourse is available to them. Because of the potential cost of these types of claims we must be diligent in the application and distribution of the limited funds available for this benefit and you will understand that funds may not be available at all times for this benefit.

All claims must be accompanied by a letter outlining the circumstances leading to the claim. The letter **must not** include your name. The letter must demonstrate the emergency, non-elective nature of the procedure, and show that all other benefits and resources have been exhausted.

Claims are sent to Prosure Group Administrators Ltd., who will act as our objective 3rd party reviewer for these claims. Original Receipts (or an Explanation of Benefits form from another insurance provider) must be submitted with claim. If the Prosure Group deny your claim, you are able to appeal the decision to the CUPE 3913 Local Executive.

1. Payment of these Expenses will be on a second-payer basis and is limited to eligible Medical/ Dental claims that are not covered elsewhere: (e.g. - Other personal insurance coverage(s) such as, but not limited to: any parental insurance plans, any University of Guelph Group benefit plans, Home/Automobile Insurance, etc.).
2. Eligible expenses would be described as those types of claims that would qualify for Tax relief under the Canada Revenue Agency (CRA) Medical Expense deduction.
3. Maximum available per occurrence will be \$5,000 per year.
4. Claims related to the following will be automatically considered ineligible;
 - * Infertility Prescription Drugs or treatments.
 - * Erectile Dysfunction Drugs or treatments.
 - * Experimental Drugs or treatments.
 - * Purely cosmetic procedures, services or devices - either medical or dental.
5. Any receipts from 3rd party providers (e.g. Doctor, Dentist, Chiropractor, Physiotherapist, Physical or Sports Injury therapist, etc) must be from Registered Medical Services Practitioners.
6. As mentioned above, funding for this benefit is limited at all times. Consequently in the event that CUPE 3913 has insufficient funds available in this account at the time of your eligible claim, we will make every effort to revisit your unpaid eligible balance as more funds become available for this benefit.

The Process:

- Simply download the claim form from our website - www.cupe3913.on.ca - or pick up a copy from the Union Office
- Fill out the form completely and bring it to the Union Office
- Ensure that the claim form is accompanied by a letter outlining the circumstances behind the claim. The letter **must not** include your name, and must demonstrate the emergency, non-elective nature of the procedure, and show that all other benefits and resources have been exhausted.
- 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.
- The turnaround time is usually one month.
- Any changes or further information will be provided by email through the Union.

In Solidarity,
The Executive



Supplementary Medical Emergency Fund

ENROLLMENT CLAIM FORM (Units 1 & 2)

First Name: _____ Last Name: _____

Employee Number: _____ Unit 1 Unit 2

Semester of last appointment: Fall Winter Spring Year: 20__

College: _____ Department: _____

Course: _____

Amount of claim: \$ _____

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

Applicant Contact Information:

Home Phone Number: _____ Email: _____

Please attach a one page letter, without your name printed on it, explaining the circumstances leading to this claim. The letter must demonstrate the emergency, non-elective nature of the procedure, and show that all other benefits and resources have been exhausted.

Self Spouse/Dependant (please write name below)

Spouse/Dependant Name: _____

Please include the original receipts (or Explanation of Benefits form from another insurance provider) with your claim - CLAIMS CANNOT BE PROCESSED 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)