

## CUPE Supplemental Fund -Application Form

CUPE 917 and 951 have set up a joint committee to distribute the CUPE Supplemental Fund as set out in the Letter of Agreements (CUPE 917 / LOU #12 and CUPE 951 / LOA #13). Locals 917 and 951 have mutually agreed to use this fund to supplement the (Plan C) Orthodontics or Hearing Aids Health Benefit supplied by Pacific BlueCross (claimed once every 5 years) to a maximum of two-hundred, fifty dollars (\$250) per member allotted on a first come, first served basis annually. It is not meant to replace the Health Benefit, rather to supplement it. The Joint committee comprised of two (2) CUPE 917 and two (2) CUPE 951 representatives appointed by the Union will administer the fund.

Please complete this form and email [contact@cupe917.ca](mailto:contact@cupe917.ca) or deliver to the CUPE 917 office in the HWB Room 218.

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### **Eligibility Criteria:**

- 1.) Are you a member of CUPE 917 or 951 with UVic/Pacific Blue Health Benefits?    Yes     No
- 2.) Are the expenses you are claiming the result of a workplace injury?    Yes     No   
(i.e. WorkSafe, Motor vehicle accident or other accident)
- 3.) Is another insurance plan covering costs?    Yes     No

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### **Part 1: Member Information:**    *(Note: This is a taxable benefit and will be noted on your T4)*

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **Part 2: Claim with copy of your receipt**

*Please enclose copy of all supporting documentation and your receipt.*

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### **Part 3: Signature of Applicant and Date**

Member Signature : \_\_\_\_\_ Date: \_\_\_\_\_