



CUPE 917 Supplemental Fund -Application Form

CUPE 917 has set up a committee to distribute the CUPE 917 supplemental fund as set out in the Letter of Understanding (LOU) #11B.

What is eligible:

- Exhausted Health benefits
- Medical emergencies
- Medical services not covered by extended health
- Paying deductibles on health benefits
- Mental health initiatives
- Gym memberships
- Fitness classes
- Health and Wellness classes, including textbooks

Please note:

This fund will not cover the purchase of equipment such as:

Running shoes, Boxing gloves, Weight Belts or any other equipment required for fitness classes of a gym membership.

Eligibility Criteria:

1.) Are you a member of CUPE 917 with Pacific Blue Cross benefits?

YES: ☐ NO: ☐

2.) Are the expenses you are claiming the result of a workplace injury?

YES: ☐ NO: ☐

3.) Is another insurance plan covering costs?

YES: ☐ NO: ☐

Member Information:

(Note: this is a taxable benefit and will be noted on your T4)

- Name: _____
- Phone: _____
- Employee #: _____
- Email: _____
- Department: _____

Description of benefit for reimbursement:

Please include a claim copy of all supporting documentation and your receipt.

Signature of Applicant: _____

Date: _____