



CUPE 3902 DENTAL REBATE REQUEST FORM
(To be completed and attached to original dental receipt)

Surname: _____

Given Name: _____

Birthdate (DD/MM/YY): _____

Telephone Number (during the day) _____

Social Insurance Number: _____

U of T Personnel Number: _____

Employing department(s): _____

Total appointment hours: _____

ARE YOU A COURSE INSTRUCTOR? YES NO

Are you covered under another dental plan YES NO
 For GSU & SAC plan only: Please attach a statement from your insurer regarding the deductible

Have you already submitted a claim during this current benefit year? (Sep 2007-Aug 2008) YES NO

If yes, when: _____ amount of previous claim: _____

Dependant Claims:

I am making a dental claim for my spouse child(ren)

Have you already submitted a claim during this current benefit year (Sep 2007-Aug 2008) YES NO

If yes, when: _____ amount of previous claim: _____

Definition of Dependant:

Dependants can include the legally married spouse of the TA, or a person of either sex with whom the TA has cohabited for at least 12 consecutive months and has publicly been represented as the TA's spouse during this period. Dependants can also include the natural, legally adopted, step or foster child of the TA or spouse who is unmarried, not engaged in active employment and dependant on the TA or spouse for financial support, and who is less than 21 years of age.

Family Composition Data

| | Surname | Given Name(s) | Birth Date (D/M?Y) | Gender |
|--------------------------|---------|---------------|--------------------|--------|
| My Spouse's Name: | | | | |
| My Child(ren)'s Name(s): | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature: _____ Date: _____

(dd/mm/yy)

I hereby acknowledge all information is complete and accurate. I authorize my employer to give, receive and share any personal information regarding my eligibility and eligibility of my dependants, if any, under this agreement with CUPE 3902.

(Office use only)

Amount of submitted claim for TA \$ _____

Amount of submitted claim for Spouse\$ _____

Amount of submitted claim for Child \$ _____

Number of hours worked (Infotype 0014): _____ hrs

Amount Paid out: \$ _____

Processed by: _____ Date: _____