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## Postdoc Financial Assistance Application 2023-24

Please read the instructions carefully. Incomplete applications will not be considered.

**Mission Statement:** The Financial Assistance Fund exists to assist the financial needs of members when all other avenues have been exhausted, with the following categories: medical emergencies, child care, personal emergencies, and academic/conference travel.

**Eligibility:** To apply you must have held a Postdoctoral Associate (PDA) or Postdoctoral Fellow (PDF) contract at any point during the fiscal year (May – April) (exceptions may be granted if you are on leave). PDFs who earn more than 90% of their salary from their own fellowship from external agencies are not part of the union and not eligible for the financial assistance.

**Application Review:** Applications are considered 3 times in a year; deadlines are January 31, April 30 and Aug 31 of the academic year. The office aims to respond to all applications within one month of receipt, letting you know the next steps in the process. Please allow time of one month from the next deadline for a decision by the committee. Applicants will be notified of decisions by e-mail.

**Confidentiality:** Each application is assigned an identification number, after personal information is redacted and then reviewed by the Financial Assistance committee.

The Committee funds applications according to pre-determined criteria, and gives priority to unexpected and unavoidable expenses. The Financial Aid Fund is limited and, unfortunately, not all applications can be approved. The amount to be granted to an application is relative to the number of applications received in each round. Each member may receive a maximum of \$500 per fiscal year from the program. If an application is approved for an amount less than what was requested, the applicant may apply again in the next round for the remainder of the same expense. However, new and previously unfunded claims take precedence.

### Instructions:

- ✧ Please be specific about the needs for which you are applying. General living expenses will not be considered (e.g., tuition, rent/mortgage, car expenses, food). Any information which you can provide will greatly help the committee in making a decision about your claim.
- ✧ Members experiencing medical emergencies must have already applied for reimbursement from their any health or spousal insurance plan they are eligible for and their Western Health Care Spending Account.
- ✧ Please provide receipts for the expenses for the amounts you have spent as we only accept applications with receipts. Expenses incurred within the last 12 months can only be claimed.
- ✧ Please submit one application form per deadline per member. You may apply for all applicable categories on one form.
- ✧ Please send your application in a new email with the subject : Application for PDA - FA. Only one type of benefits application is preferable in each email - if you are applying for Food Support application also at the same time, please send separate emails for each type of application.
- ✧ Ensure that the application is completely filled and all necessary attachments are included in your email.

Name :

UWO email:

Department:

Student ID:

Program:

Start Date:

I hereby certify that the information provided in this application is complete and accurate.

Signature:

Date:

Cheques will not be mailed. Applicants can pick up the cheque from our office during office hours. Reimbursements will be received by direct deposit\* or a cheque. Please indicate your preference by ticking the appropriate box below.

\*If direct deposit is selected the direct deposit form or copy of a void cheque must be submitted with your application.

Direct Deposit

Cheque

## **Claim Categories**

### **General Categories:**

Applications must be filled out in full to receive consideration. The Financial Assistance Committee will verify the receipts appended to the application. Only documented expenses for which receipts are included shall be considered. While the committee has the authority to fund or deny any application, the following criteria express the committee's preferences.

Unlikely to be funded: Pet care expenses / passport fees / visa applications or permanent residency fees / vehicle expenses / textbook purchases / tuition fees / technology purchases, unless these can be explicitly justified / conference fees or membership fees

Exceptions in the above cases, while extremely unlikely, are possible, at the Financial Assistance Committee's discretion based upon the applicant's justification. The following types of expenses can be funded, with appropriate justification.

#### **1) Medical Emergencies**

This category covers all the medical expenses. You may also claim for a child, spouse, common-law partner, or dependant (e.g., elderly parent). These include emergency medical or dental bills, including bills incurred outside Canada. You must include your HCSA statement with your application

Please ensure you have applied for and exhausted your health or spousal insurance plan (if you have one) and Health Care Spending Account (HCSA). If the expense was not fully covered by insurance plan or HCSA, you need to explain and provide document proof why it was not covered. If your receipt is covered by an insurance plan or HCSA and you have not yet applied for reimbursement then you must first apply before applying for financial assistance. You also need to explain how and on what basis you pre-allocated your \$1,400 flexible credits.

If dependant is not a child, spouse, or common-law partner, please provide sufficient proof such as a tax return where he/she is declared as a dependant.

Example type of expenses: vision care, prescribed medication, dental, physiotherapist, psychologist, psychotherapist, naturopath, osteopath, chiropractor, occupational therapist, podiatrist, chiropodist, acupuncturist, etc. We only cover expenses that have already occurred, e.g. after the care is provided to the individual.

#### **2) Child Care**

This category covers expenses related to child care costs. Please enclose the appropriate documentation and receipts with your application. Only receipts from licensed childcare providers and programs will be considered for the subsidy. For a list of licensed child care providers, go to <http://www.iaccess.gov.on.ca/LCCWWeb/childcare/search.shtml>. Members are also encouraged to check if they are eligible for Child Care Fee Subsidy from City of London: <https://www.london.ca/residents/children-youth/child-care/Pages/Child-Care-Fee-Subsidy.aspx>

#### **3) Personal Emergencies**

This category covers all unexpected expenses other than regular household costs. To apply in this category, the applicant must provide substantial documents to support their claim. The application will be reviewed by the committee on the basis of what is submitted. Please ensure you include receipts and a rationale for the emergency.

Examples of eligible funding include but are not limited to: bereavement travel expenses, financial difficulties related to separating from a spouse or partner and the loss of property due to an unforeseen catastrophe (house fire, flood, etc.). Know that the Financial Assistance Committee values your privacy. Any personal information shared with the committee is kept confidential.

#### **4) Academic/Conference Travel**

This category covers expenses related to academic work and/or conferences for applicants who are not fully funded for the costs by another source (supervisor's grant or Professional Expense Reimbursement (PER) account). Please provide supporting documents, such as a letter from supervisor/department or proof of funding of that was sought but not approved. The applicant must also provide documentation of their conference registration, travel and lodging expenses, boarding passes, letter from their supervisor, PER account balance statement and proof of participation as a presenter such as an itinerary of conference.

## Applicant & Household Information

Immigration Status:  International  PR  Canadian

When did your Postdoc appointment at Western Start:

Do you have an active Postdoc appointment?  Yes  No If no, when did your contract expire?

\$1,400 Flex Credit Current Balance: HCSA:  PER:

HCSA/PER carryforward amount from previous year: HCSA:  PER:

Is your spouse / common-law partner residing with you?  Yes  No

Do you have children?  Yes  No If yes, how many children do you have?

Please outline your (and your household's) annual income sources and the approximate amounts. Income sources include salaries, assistantships, grants, bursaries, and work outside of the university. Income from other investments should also be included. **Report your income and expenses for the last 12-month.**

**You must fill out all the information. If any of the criteria is not applicable to you then please put "0 (zero)". No further opportunity will be given to update your application once the reviewing process has started. If you have any questions about filling out the application, please contact the office.**

<u>Income Source</u>		<u>Summer term</u>		<u>Fall Term</u>		<u>Winter Term</u>		<u>Year Total</u>
Postdoc Salary	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
Teaching Appointments	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
Fellowships/grants	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
Spouse/Common-Law Partner Income	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
EI Benefits	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
Other Income	S:	<input type="text"/>	F:	<input type="text"/>	W:	<input type="text"/>	YT:	<input type="text"/>
Please specify other sources of Income:	<input type="text"/>						<b>Total Income from all sources:</b>	<input type="text"/>

**Do you or your dependants have external health insurance plan other than OHIP/UHIP?**  Yes  No

*If you have answered "yes", and you are applying for a medical expense, please attach insurance statements indicating partial/no coverage of the expenses being applied for. You also need to show that your HCSA balance is exhausted.*

**Please report your approximate expenses for the last 12 months.**

You must fill out all the information. If any of the criteria is not applicable to you then please put "0 (zero)". No further opportunity will be given to update your application once the reviewing process has started. If you have any question about filling out the application, please contact our office.

**Expenses**

**Year Total**

Rent/Mortgage and household expenses	YT:	<input type="text"/>
Groceries and food related expenses	YT:	<input type="text"/>
Transportation	YT:	<input type="text"/>
Out-of-Pocket Child care expenses	YT:	<input type="text"/>
Other Expenses	YT:	<input type="text"/>

*Explanation of other expenses:*

**Grand Total from all expenses:**

How much have you previously received from the Financial Assistance program during the current Fiscal Year?

**If none, put "0"**

**Please select the Financial Assistant Fund categories (select all that apply) for your application.**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Emergency  | <input type="checkbox"/> Child Care          |
| <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Academic/Conference |

**Total amount claimed  
for all categories**

Please describe, in detail, the nature of the need for which you are seeking support. Normally, general living expenses (rent, telephone, internet, etc.) will not be considered. If your expenses exceed your income by a substantial amount, please provide explanation about how you cover those extra expenses. Attach an additional page if necessary.

**Please do not write your name.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of their need for support. The box is currently blank.

You must fill out all the information. If any of the criteria is not applicable to you then please put "0 (zero)". No further opportunity will be given to update your application once the reviewing process has started. If you have any question about filling out the application, please contact our office.

Type of expense:	<input type="text"/>	Date:	<input type="text"/>
Amount Covered by HCSA Medical Insurance	<input type="text"/>	Amount Covered by Supervisor/Department:	<input type="text"/>
Amount Covered by Previous Financial Assistance Applications	<input type="text"/>	<b>Amount Claiming:</b>	<input type="text"/>

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Type of expense:	<input type="text"/>	Date:	<input type="text"/>
Amount Covered by HCSA Medical Insurance	<input type="text"/>	Amount Covered by Supervisor/Department:	<input type="text"/>
Amount Covered by Previous Financial Assistance Applications	<input type="text"/>	<b>Amount Claiming:</b>	<input type="text"/>

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Type of expense:	<input type="text"/>	Date:	<input type="text"/>
Amount Covered by HCSA Medical Insurance	<input type="text"/>	Amount Covered by Supervisor/Department:	<input type="text"/>
Amount Covered by Previous Financial Assistance Applications	<input type="text"/>	<b>Amount Claiming:</b>	<input type="text"/>

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Type of expense:	<input type="text"/>	Date:	<input type="text"/>
Amount Covered by HCSA Medical Insurance	<input type="text"/>	Amount Covered by Supervisor/Department:	<input type="text"/>
Amount Covered by Previous Financial Assistance Applications	<input type="text"/>	<b>Amount Claiming:</b>	<input type="text"/>

Type of expense:  Date:

Amount Covered by HCSA Medical Insurance  Amount Covered by Supervisor/Department:

Amount Covered by Previous Financial Assistance Applications  **Amount Claiming:**

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Type of expense:  Date:

Amount Covered by HCSA Medical Insurance  Amount Covered by Supervisor/Department:

Amount Covered by Previous Financial Assistance Applications  **Amount Claiming:**

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Type of expense:  Date:

Amount Covered by HCSA Medical Insurance  Amount Covered by Supervisor/Department:

Amount Covered by Previous Financial Assistance Applications  **Amount Claiming:**

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Type of expense:  Date:

Amount Covered by HCSA Medical Insurance  Amount Covered by Supervisor/Department:

Amount Covered by Previous Financial Assistance Applications  **Amount Claiming:**

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**Total Amount Claiming for all Receipts**

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**Document Checklist:** (incomplete applications will not be processed)

- Completed Application Form**
- Receipts for Expenses**
- Postdoc Contract if not already on file**
- Any other supporting documents**