

**For Office
Use Only**

Received: _____ No. on Record: _____ No. of Claims: _____ Cheque No.: _____

Max. Amt: _____ Amt. Reimbursed: _____ Amt. Remaining: _____

Initials: EHP Administrator _____ Cheque Signer _____



EXTENDED HEALTH PLAN (September 2021 - August 2022)

PSAC Local 610
Western University
1313 Somerville House
London, ON N6A 3K7

Phone: (519) 661-4137 e-mail: staffpsac610@gmail.com

Web: www.psac610.ca Fax: (519) 850-2998

You may fax, email, mail, intercampus mail, or drop your application off in the office at 1313 Somerville House. There is also a drop box beside the office door for after-hours business.

Last Name: First Name:

Student Number: E-mail:

Address:

City: Province: Postal Code:

☐ I am unable to collect my cheque from the office, please mail it to the above address.

TOTAL AMOUNT TO CLAIM FROM EHP:

(10\$ minimum claim amount)

The EHP is a supplemental health plan intended to supplement a primary insurance plan; for most GTAs this is the SOGS Health Plan. The EHP will only accept claims that you have submitted to a primary insurer or that you can demonstrate will not be covered by your primary insurer.

☐ Yes, I have already applied through SOGS or another insurer and have attached the insurance statement.

☐ No, I did not apply through SOGS because (please explain):

(Ex: maxed out of SOGS Health Plan)

Member Information

Please indicate which term(s) you are a TA for this academic year: ☐ Fall Term ☐ Winter Term ☐ Summer Term

If you are applying for a family member, please fill out the information below:

Last Name

First Name

Relationship

Please ensure you have the following items:

☐ Receipts and insurance claim statements (copies are acceptable) sufficient to identify the nature, cost, and amount you have been reimbursed for each item in your claim.

☐ GTA contract letter or signed duties specification letter indicating your work during the policy year. This information is usually on file by the middle of a given term and you do not need to provide this information if it is already on file. Contact the EHP Administrator if you are unsure.

I hereby certify that, to my knowledge, the contained information is correct. I also understand that the information and supporting documents provided here are for administration purposes only and will be kept confidential by PSAC Local 610.

Signature of Applicant:

Date: