



**EXTENDED HEALTH PLAN
(September 2021 – August 2022)**

PSAC Local 610
Western University
1313 Somerville House
London, ON, N6A 3K7
Phone: (226) 377-0846
staffpsac610@gmail.com
www.pfac610.ca

Please submit your application, receipt(s) and another pertinent documentation electronically to staffpsac610@gmail.com.

First Name:

Last Name:

Student #:

E-Mail:

Address:

City:

Province:

Postal Code:

Reimbursements can be received by *direct deposit* or a *cheque mailed* to the address provided. 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:

TOTAL AMOUNT OF CLAIM FROM EHP: \$
(\$10.00 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 SOGS Health Plan)

Member Information:

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

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 statement (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 term and you do not need to provide this information if it is already on file. Contact the Office Manager at staffpsac610@gmail.com if you are unsure.