



PSAC Local 610
Western University
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UHIP Assistance Form For Members Who Pay UHIP Fees

Please fill out this form to be included in the UHIP Assistance Fund by **March 15th, 2022**. Only members who submit this form by the deadline will be included in the UHIP Assistance Fund.

Once complete, please email to staffpsac610@gmail.com. You may also copy and paste the form into an email, or drop off the form at the union office (there is an after-hours box beside the office door). You will receive a confirmation email within 2 - 3 weeks. If you do not receive a confirmation email within this time, please contact the office at staffpsac610@gmail.com.

Full Name * Student Number*

UWO E-mail *

Address *

City * Province * Postal Code *

This section asks for information that is collected to improve policies and disbursement of benefits within the union. All information is **confidential and optional**.

Gender Age Department

Are your UHIP fees covered by your department? Yes No

Are you paying UHIP premiums of a partner/spouse/ dependents? Yes No

How did you find out about the UHIP Assistance Fund?