



PSAC Local 610  
Western University  
1313 Somerville House  
London, ON, N6A 3K7  
Phone: (226) 377-0846  
Email: [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com)  
Web: [www.psac610.ca](http://www.psac610.ca)

## UHIP Assistance Form

### For Members Who Pay UHIP Fees

Please fill out and submit this form by the deadline of **March 15, 2023** to be included in the UHIP Assistance Fund. Forms are submitted electronically to [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com). Only members who submit this form by the deadline will be included in the UHIP Assistance Fund. 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 you choose direct deposit you must include a direct deposit form or copy of a void cheque.

Direct Deposit:

Cheque:

Full Name \*

Student Number\*

UWO E-mail \*

Address \*

City \*

Province \*

Postal Code \*

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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?