



CUPE 3902, Unit 3 Employee and Dependent Special Circumstances Fund – Non-Medical Expenses

Application for assistance for non-medical emergency expenses; for medical expenses, please use the **CUPE 3902, Unit 3 Employee and Dependent Special Circumstances Fund – Medical Expenses form**. Your claim will be adjudicated based on the information you provide, subject to availability of funds.

For more information on this fund, including a list of sample exemptions, please see <http://www.hrandequity.utoronto.ca/employee-groups/#CUPE-Local-3902-Unit-3>.

Form submissions should be made to cupeunitfund.hre@utoronto.ca

Employee Information

Name (print)	
Personnel Number	
Date of Application	

Expense Details

All fields below are mandatory and must be completed for this application to be considered for reimbursement. You may attach supplementary information where indicated.

Select the type of urgent situation that best describes your application	<input type="checkbox"/> Housing Structural / Repair <input type="checkbox"/> Housing Rental / Financial <input type="checkbox"/> Emergency Child Care <input type="checkbox"/> Family-Related Issue <input type="checkbox"/> Legal Issue <input type="checkbox"/> Other (explain below) <hr/>
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<p>Please briefly describe the unforeseen emergency situation</p> <p>(maximum 250 words)</p>	
<p>What is the total amount for which you are requesting reimbursement?</p>	
<p>Please provide an itemized breakdown of the expense(s) for which you are seeking assistance / reimbursement from the Fund.</p> <p>Please attach a copy of any receipts.</p>	
<p>Is there any other information you can provide to assist with assessing your application? (maximum 250 words)</p>	



By signing below, you are confirming your understanding that any funding approved will be in the form of a payment either through your regular monthly pay or through an off-cycle deposit to your bank account, and will not normally exceed \$1000.

Any payment may be treated as a taxable benefit and subject to legislative deductions including CPP/EI and income tax.

By signing this application I consent to the sharing of this information with CUPE 3902, Unit 3 This application will be kept in a confidential file for six plus one years beyond the end of the Plan Year in which it is submitted and then destroyed.

Date Submission		Employee Signature:	
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For HR Use Only

Reviewed By:			
Amount approved for payment through payroll:		Taxable benefit?	
If denied outline reason:			
Date Payroll Notified			
Date Member Notified			