For Office Use Only

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

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

Initials: Administrator _____ Cheque Signer _____

Mental Health Fund (MHF)
(September 2020 - August 2021)

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 MHF

(10$ minimum claim amount)

The MHF is a supplemental health plan intended to supplement a primary insurance plan; for most GTAs this is the SOGS Health Plan. The MHF 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 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: