TEACHING ASSISTANT UHIP ASSISTANCE APPLICATION FORM

By completing this form, eligible international student employees who are members of CUPE 4600 Unit 1 can receive a reimbursement for some of their University Health Insurance Plan (UHIP) costs. The reimbursement amount is set between \$330 and \$660, depending on the number of dependents, and will appear on your student account balance as a credit.

To receive your reimbursement, please complete the following:

- 1. Print a FULL screenshot of your student account showing the UHIP charge and attach the printout to this form.
- 2. Complete this form and send it, along with the printout described above, to Maddi Bruining, Academic Relations Coordinator: MaddiBruining@cunet.carleton.ca.

Please fill in the below inform	ation:	
Period for which you are reques	sting reimbursement:	
September 2024 - August 2025	September 2025	- August 2026
Name:	Student Number:	Department:
Phone:	Email:	
Marital Status: Married	Single Other	
Number of dependents:	Ages:	
 If your UHIP costs were 	•	reimbursement rates are as \$330 \$220
nformation on the UHIP Assistance fund he Agreement (JCAA) in accordance with Jniversity. The fund will be used, on the b costs. Processed payments will be display month as a taxable benefit.	n the collective agreement between C pasis of need, to assist employees who	UPE 4600 Unit 1 and Carleton require assistance with UHIP premium
Signature of Applicant	 Date of Applicat	ion