

## Mental Health Fund (September 2023 – August 2024)

Please submit your application, receipt(s) and other pertinent documentation electronically to <a href="mailto:staffpsac610@gmail.com">staffpsac610@gmail.com</a>.

First Name:

Student #:

Last Name:

E-Mail:

Reimbursements can be received by direct deposit or a cheque. Please indicate your preference by ticking the appropriate box below.

We do not mail cheques to the applicants addresses anymore, applicants can pick up the cheque from our office. Please look up the office hours from our website.

If direct deposit is selected the direct deposit form or copy of a void cheque must be submitted with your application.

Direct Deposit: Cheque:

## TOTAL AMOUNT OF CLAIM FROM MHF: \$

(\$10.00 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 SOGS Health Plan)                                   |                                    |            |        |              |  |
|--|------------------------------------|------------|--------|--------------|--|
| Member Information:  |                                    |            |        |              |  |
| Please indicate which term(s) you are a TA for this academic year: |                                    | Fall       | Winter | Summer       |  |
| If you are applying for a family me                                | mber, please fill out the informat | ion below: | :      |              |  |
| st Name First Name   |                                    |            |        | Relationship |  |

## Please ensure you have the following items:

Receipts and insurance claim statement (copies are acceptable) sufficient to identify the nature, cost, and amount you have been reimbursed for each item in your claim. In case the supporting documents are in a language other than English, please include an unofficial translation; and the amount claimed must be indicated in CanadianDollars.

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 term and you do not need to provide this information if it is already on file. Contact the Office Manager at <a href="mailto:staffpsac610@gmail.com">staffpsac610@gmail.com</a> if you are unsure.