

# DEPENDANT CARE Claim Form

Please return this form to CUPE BC along with a copy of the Caregiver invoice/ receipt of payment. Refer to the full policy for more details.

MEMBER'S NAME: \_\_\_\_\_ CUPE LOCAL: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_  
Street City Postal Code

UNION EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHEDULED WORKING HRS (FROM/TO): \_\_\_\_\_

CAREGIVER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Is the Caregiver above **someone other** than your partner/spouse?      YES      NO

1. DEPENDANT CARE PROVIDED FOR:

Name of Dependant	Age	Relationship to Member

2. COMPLETE THE TABLE BELOW:

Date Of Claim	Hours Of Dependant Care Required (From/To)		No. of Hrs	Rate Per Hour	Daily Claim

Total Claim \$ \_\_\_\_\_

I recognize that **only** claims for Dependant Care outside of my regular working hours may be made as per CUPE BC Expense Policy.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by:

Dependant Care, if required, will be paid outside of regular working hours to a maximum of \$20.00/hr (not to exceed \$300.00 /day). Exceptional circumstances and/or extra costs, require prior approval by the Secretary-Treasurer. **Receipts must be attached for each Dependant Care claim.**