FIN-16.06 (a)

DEPENDANT CARE Claim Form

Use this form for reimbursement of dependant care costs for services provided **in your home or community.** Please return this form to HSA along with a copy of the original Caregiver invoice and a copy of the valid receipt of payment. Refer to the full policy on the HSA website at www.hsabc.org for more details.

Should you require your dependant to accompany you to an HSA event, please call the event registrar at 604.517.0994 or 1.800.663.2017 to send you a **Dependant Accompanying Member to Event Pre-Approval Form** or download it from the HSABC website www.hsabc.org.

Member Name: _____

Union Event: _____ **Date:** _____

Scheduled Hours: _____ **am/pm** **To:** _____ **am/pm**

HSA reimburses members attending union events for reasonable dependant or elder care expenses **over and above** those ordinarily incurred by the member as a result of the member's normal occupation. HSA assesses, on an individual basis, expenses associated with dependants over the age of 12.

1. Dependant care provided for:

Name of Dependant	Age	Relationship to Member

2. Complete the table below:

Date	(T) = Total Paid Dependant Care	(R) = Regular Scheduled Daycare cost	(T - R) Cost of additional Daycare
Total Claim			

3. Please explain the reason for dependant care costs **over and above normal work day expenses**: For example, early morning care or overnight care, partner works night shift, etc.

_____

_____

4. Please attach a copy of the original invoice and signed valid receipt by the Caregiver. **Valid receipts for care must contain the following: Name, address & phone number of the caregiver; dates of care given; number of dependants in care; and total hours and amount paid for services.**

5. I verify that this information is correct. _____
Signature of HSA Member

Attendance at Chapter Meetings requires a signature by the Chief Steward:

6. I verify that this information is correct. _____
Signature of Chief Steward

The Health Sciences Association of British Columbia (HSA) is committed to using personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information please contact the HSA Privacy Officer. The full HSA privacy policy is available on-line at http://www.hsabc.org.