UTE Family Care Expense Claim Form

Complete all sections to ensure payment of claim.

Attach all supporting documents and receipts.

MEMBER INFORMATION			
Last name	**First name**		
Street address		**City**	**Province**
Postal code	**Telephone number**	**Activity date(s)**	
UTE activity (Title of conference, course, meeting, etc. – please specify)			

CAREGIVER INFORMATION	
Care provided by ◯ **Unlicensed agency/caregiver** ◯ **Licensed agency/caregiver**	**License number**
Caregiver/agency name	
Mailing address	**Telephone number**

FEES (See Regulation 21)				
Name & relation	**Age**	**Date(s)**	**Hours of care**	**Fees paid**
1.				
2.				
3.				
4.				
		TOTAL COST		

PREAPPROVED EXCEPTIONS
Specify

I certify that these costs are related to my attendance at a **UTE event**.

X	
MEMBER'S SIGNATURE	**DATE**
X	
APPROVAL SIGNATURE	**DATE**

Eligibility

Where the member is the sole caregiver at the time of the authorised union activity, UTE will cover costs for care during the day **outside** normal work/school/day-care hours. Family care costs that **would have ordinarily been incurred during work hours** had the member been at his/her place of work **are not covered.**

UTE shall not cover cost for care provided by a spouse/partner, former spouse/partner with custody rights or a relative residing in the household.
Members are entitled to claim fees related to the care of the following family members who reside on a full or part-time basis with the member:

a) A child under 16 years of age;
b) A person with a disability;
c) An adult, who is a dependant, requiring care.

Reimbursement of Fees

Where the care is provided by someone other than a licensed agency/caregiver or the spouse/partner, former spouse/ partner with custody rights.

a) the **actual amount** up to a maximum of $80 per day (for each 24-hour period) for the first family member;

b) the **actual amount** up to a maximum of $55 per day (for each 24-hour period) for each *additional* family member.

If care is provided by a licensed agency/attendant, the **actual fees** will be reimbursed.

How to Claim

A *completed* Family Care Expense Claim form must be submitted, **accompanied by a receipt, which must include the following information:**

a) Caregiver's full name
b) Caregiver's full address
c) Caregiver's telephone number
d) Caregiver's licence number (if applicable)
e) Detailed dates and hours when the care was provided for each individual family member
f) Amount charged
g) Caregiver's signature

Pre-Approved Exceptions

Pre-Approved Exceptions shall be submitted to the 1st National Vice-President, or in their absence the National President, a minimum of **14 days prior to the event**. Consideration will be given to special needs or unusual circumstances resulting in costs which exceed the above rates and expenses allowable.