

## Special Assistance Fund (SAF) Request Form

This document is intended as a guide to be used when presenting a request for the Special Assistance Fund. A completed copy should be forwarded to the **CBC Pensioners National Association, P.O. Box 8570, Ottawa, ON K1G 3H9**. The Committee will not consider claims of less than \$200. The employee or retiree must sign this request, or a signed authorization from the employee must accompany this request, in order for the claim to be assessed and discussed.

**The original receipts must also accompany this request.**

<b>Applicant's name</b>			
<b>ID Number</b>			
<b>Representative</b>	CBC Pensioners National Association		
<b>Affiliation</b>	N/A		
<b>Is this a first request?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Please indicate the amount that is being requested.</b>			
<b>Please provide details on the service or supply that is considered for reimbursement*:</b>			
<b>Date(s) of purchase:</b>			
<b>Do you subscribe to Great-West Life?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Has this been submitted to Great-West Life under policy 51089?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If answered 'yes', please indicate the amount that was reimbursed.</b>			
<b>Is the applicant entitled to benefits under another insurance or government plan?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If answered 'yes', has the claim been submitted to the other plan? Please indicate the amount that has been reimbursed.</b>			
<b>Is it expected that the claimant will submit other claims for this service or supply?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

<b>Employee/Retiree Authorization</b>
<p>I, _____ authorize the SAF Committee to review my request  <small>(Print Name)</small></p> <p>and certify that the information is true, correct and complete to the best of my knowledge. I also understand that my medical information will have to be shared and reviewed by the SAF Committee in order to assess my request.</p> <p>Signature: _____ Date: _____</p>

<b>For use by the SAF Committee only.</b>
<p><input type="checkbox"/> The SAF Committee recommends that 100% of the claims presented be paid.</p> <p><input type="checkbox"/> The SAF Committee does not recommend reimbursement of these claims.</p> <p><input type="checkbox"/> Other: _____</p> <p>Total amount disbursed to date (including this claim): \$ _____</p>

\* Please attach a separate page if additional space is needed.