

Special Assistance Fund (SAF) Request Form

The completed form and with related documents can be scanned and sent via email at info@cbcpensioners.ca or mailed 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, for the claim to be assessed and discussed.

Applicant's name, address & phone number		
Email		
CBC ID		
Affiliation / Association		
Is this a first request?	Yes	No
Amount requested		
Please provide the service or supply that is considered for reimbursement *		
Date(s) of purchase		
Do you subscribe to Canada Life (GWL)?	Yes	No
Has this been submitted to Canada Life (GWL) under policy 51089?	Yes	No
If yes, indicate the amount reimbursed		
Is the applicant entitled to benefits under another insurance or government plan?	Yes	No
If yes, indicate the amount reimbursed		

Employee/Retiree Authorization

I, _____ (Print Name) authorize the SAF Committee to review my request 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 to assess my request.

Signature: _____

Date: _____

For use by the SAF Committee only.

- ☐ The SAF Committee recommends that 100% of the claims presented be paid.
☐ The SAF Committee does not recommend reimbursement of these claims.
☐ Other: _____

Total amount disbursed to date (including this claim): \$ _____