



# Family / Attendant Care Claims Form

Please complete for all family care claims

## Family Care (Child/Elder/Dependant)

Members are entitled to reimbursement of reasonable costs of family/dependant care provided by someone other than their partners /spouses as a result of absences from home arising from the conduct of union business. Such allowances are not intended to reimburse the claimant for dependant/family expenses that they would have normally incurred as a result of employment except where the absence exceeds the normal work day or week.

Family/Attendant care will be reimbursed at the rate of \$15.00 per hour to a maximum of \$220.00 per 24 hour period and must be signed by the care provider(s). Please specify hours claimed for each day.

Members who bring children to union events will be entitled to single accommodation and meal expenses. Claims for these expenses should also be included in the family care column of the form and described appropriately.

Important: please fill out family/attendant care claims (yellow and white separately)

## Care provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of care provider: \_\_\_\_\_

## Children / Dependants

Dependant 1: \_\_\_\_\_ Age: \_\_\_\_\_

Dependant 2: \_\_\_\_\_ Age: \_\_\_\_\_

Dependant 3: \_\_\_\_\_ Age: \_\_\_\_\_

Dependant 4: \_\_\_\_\_ Age: \_\_\_\_\_

## Member confirmation

I confirm that without such family care I would have been unable to attend this OPSEU activity.

Signature: \_\_\_\_\_

Date: (mm/dd/yyyy)