

## CUPE 3908 Unit 2: Gender Affirmation Fund Application and Expense Claim Form

The Gender Affirmation Fund is a fund of \$5,000 that is available to support social, legal, medical, and other transition related costs that are not covered by OHIP or any other government program that the member is able to/or wishes to access. It is available on a first-come basis to support CUPE Unit 2 members and their families requesting financial assistance.

PLEASE TYPE OR PRINT CLEARLY, AND INCLUDE RECEIPTS/ESTIMATES FOR THE EXPENSE(S) YOU WISH TO BE REIMBURSED.

**CONTACT INFORMATION:**

Name:	
Employee Number:	
Phone:	
Email:	

**INFORMATION ABOUT CLAIM:**

Please list the expense(s) for which you are seeking reimbursement. Some examples of eligible expenses can be found on the Unit 2 page on our website under “Gender Affirmation Fund” (<https://cupe3908.org/unit-2/>). If you are requesting funding be earmarked for a future expense, please provide documentation outlining the estimated cost(s), timeline, or exact date of expense.

<b>TOTAL:</b>

*Please note that there is an annual maximum limit of \$5,000 of support for any CUPE 3908 Unit 2 member, and \$2500 for domestic partners, and dependents. Clothing and books have a lifetime maximum limit of \$500 for members and \$250 for domestic partners and dependents.*

All information contained within this form will be kept confidential.

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**OPTIONAL FEEDBACK:**

If you have any feedback on how to improve any aspect of the Gender Affirmation Fund please feel free to include it here. All feedback will be shared with the CUPE 3908 Executive and Trent's Pension and Benefits Advisor. We appreciate your thoughts.

**SEND YOUR COMPLETED EXPENSE CLAIM FORM, RECEIPT(S), AND ANY OTHER SUPPORTING DOCUMENTATION TO:**

**Carley Brook**, Pension and Benefits Advisor  
Email: [cbrook@trentu.ca](mailto:cbrook@trentu.ca)  
Phone: (705) 748-1011, ext. 7569

*I certify that all information presented herein is accurate and to the best of my knowledge. Should anything change I will notify the Pension and Benefits Advisory.*

Member Signature:	Date:
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