



COMPLETE ALL SECTIONS TO ENSURE PAYMENT OF CLAIM.

You are entitled to claim for family care expenses for additional family care costs incurred as a direct result of attending an authorized USJE activity.

You are **not entitled to claim for family care expenses:**

- when you are accompanied by your spouse at a USJE function, unless your spouse is also participating as a USJE delegate;
- if family care costs are those that normally occur had you been at your place of work;
- if family care services are provided by a spouse/companion.

WHO IS COVERED

1. A child under 17 years of age;
2. a person with disabilities;
3. an adult requiring care.

NAME OF MEMBER: _____

ADDRESS: _____

POSTAL CODE: _____

SPECIFY USJE FUNCTION ATTENDED: _____

PERIOD OF CLAIM FROM DATE _____ TIME _____
TO DATE _____ TIME _____

CLAIMS WILL BE PROCESSED FOR EXPENSES INCURRED OUTSIDE NORMAL WORKING HOURS ONLY.

The following information is for USJE internal use only and will remain confidential.

NAME OF CAREGIVER: _____

ADDRESS: _____

TELEPHONE: _____

COST OF CARE

- RATES:
- Maximum of \$50.00 per day for the first child or family member;
 - Maximum of \$25.00 per day for each additional child or family member;
 - Maximum of \$30.00 per day per child or family member for overnight care when the member is in residence.

Overnight care will not be paid on the last day of an activity.

Child or Family Mem.	Age	# Days	Rate \$	Subtotal (A)		# Nights	Rate \$	Subtotal (B)	TOTAL (A+B)

I hereby certify that the above claimed expenses were incurred as a direct result of attending an authorized USJE activity.

Signature of Member: _____

This COMPLETED Family Care Expense Claim Form, accompanied by a RECEIPT, and signed, must be submitted. Incomplete forms will not be processed for payment.