



## UNDE FAMILY CARE CLAIM FORM

This form is to be completed and attached to the claimant's expense claim. Failure to complete any portion will result in delayed payment. The following are entitled to claim expenses related to the care of the following family members who reside on a full or part-time basis with the member: A child, 18 years of age and under, a person with a disability or an adult who is dependant, requiring care.

I am claiming reimbursement for child care expenses incurred while attending the following course/conference/seminar, etc., on behalf of the Union of National Defence Employees:	
From Date:	To Date:
Surname:	First Name:
Address:	Phone Number:
<b><u>RATES:</u></b> <u>Unlicensed Care</u> <b>Maximum:</b> \$50.00 per day for first family member and \$25.00 per day for each additional Family Member. <b>Maximum:</b> \$30.00 overnight* for each family member. (*night is defined as the hours between 5:30pm-7:30am) <u>Licensed Care: As Billed</u>	
Family Member(s) & Age for Children	
1. Age _____ Day(s) @ \$ _____ + _____ Night(s) @ \$ _____ = \$ _____ . 2. Age _____ Day(s) @ \$ _____ + _____ Night(s) @ \$ _____ = \$ _____ . 3. Age _____ Day(s) @ \$ _____ + _____ Night(s) @ \$ _____ = \$ _____ .	
Signature	PSAC Number:
Name of Person/Agency providing child Care:	SIN of Person providing child care or Agency Phone Number:
Address of Person Providing Child Care:	Signature of Person providing child care: