



Medical Services Travel Fund Claim Form

INFORMATION ABOUT YOU	
First Name	Last Name
Street Address	Apartment or Suite #
City, Province	Postal Code
Employee Number	Email Address

INFORMATION ABOUT YOUR CLAIM	
<p>Complete this form in its entirety. Under "Summary of expenses" group together like expenses such as: 1) Travel 2) Accommodations, 3) Meal Per Diem... Submit form with a <u>Dr's referral note</u> and copies of your receipts and/or documents by mail to the address listed below or electronically to the email address listed below.</p>	
Summary of expenses	Amount
Total Amount Claimed	

Expenses received after the deadline will not be considered and cannot be carried forward

I certify that all expenses being claimed have been incurred by myself in the year 2024 and in accordance with the UNBC-FA's policy on the Medical Services Travel Fund. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan.

I understand that it is my responsibility to file my taxes accordingly. Should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes.

Member's Signature	Date (yyyy-mm-dd)

Email: wendee.copeland@unbc.ca (keep a copy of your claim form and receipts for your records)
Mailing Address: #3085 Admin Building, 3333 University Way, Prince George, BC V2N 4Z9

PURPOSE:

On occasion Members of the Association may be required to travel outside of their Prince George or regional campus communities (as applicable) to seek medical treatment. The Parties agreed through collective bargaining to create a Medical Services Travel Fund (herein called the "Fund") to assist Members of the Association in offsetting costs associated with required medical travel.

FUND VALUE:

Subject to the Fund remaining in the Collective Agreement, and subject to negotiated changes to the Fund through collective bargaining, the Employer will contribute twenty thousand dollars (\$20,000) on July 1, 2023, and twenty-five thousand dollars (\$25,000) annually to the Fund in each subsequent year of the Agreement. Any excess funds at the end of each claim period will be transferred to the Post-Retirement Benefit Fund.

SCOPE:

Only the Member's personal expenses are eligible for reimbursement provided the Member is required to travel where the Member is either the patient requiring medical treatment or is the attendant of a patient requiring medical treatment. If the Member is travelling as the attendant, the patient must be an immediate family member. (Note: For the purpose of this Fund, an immediate family member is defined as a spouse, child or parent of the Member in accordance with the Family Law Act of BC.)

If the Member is required to be the attendant, there is no age limit for a patient requiring an attendant but the reason for the attendant must be of a medical and not a personal nature.

This benefit is not available for expenses incurred for dependents or other family members.

ELIGIBILITY:

Subject to the available Fund amounts and criteria, all employees eligible for membership in the Association shall be eligible to access the Fund. The maximum yearly benefit for a Full-time Member is \$5,000 and for a Part-time Member is \$1,000, pro-rated based on months employed during the claim period.

ELIGIBLE EXPENSES:

Expenses eligible for consideration under the Fund include:

- Reasonable transportation costs incurred by private vehicle, bus, rail, ferry or scheduled air for the Member;
- Reimbursement of kms at the current UNBC-FA km rate equivalent to the cost of a return economy airfare, if a private vehicle is used instead of commercial transportation;
- Airport Improvement fees;
- Airport limousine service and taxi fees to a maximum of sixty-five dollars (\$65) per claim;
- If a Member chooses to rent a car at the destination, a maximum of sixty-five dollars (\$65) per day;
- Hotel accommodation up to a maximum of two hundred and fifty dollars (\$250) per night. The length of pre and post treatment accommodation stays is reimbursable and shall be consistent with direction from the attending physician;
- Private accommodation provided by a family or friend at forty dollars (\$40) per night;
- Meals as per the current UNBC-FA per diem rates;
- The most economical mode of transportation must be used in keeping with the attending physician's medical advice and patient's comfort;
- Transportation within the provinces of British Columbia or Alberta;
- Transportation outside of the provinces of British Columbia or Alberta where pre-approval of the Faculty Association (see "Appeals") is obtained before travel commences.

INELIGIBLE EXPENSES:

Expenses that would be ineligible for reimbursement under the Fund include:

- Dental treatments or services except for dental surgery performed by a member of the College of Dental surgeons;
- Procedures considered not medically necessary by the Medical Services Plan of BC;
- Cosmetic treatments;
- Transportation to a destination outside British Columbia or Alberta where pre-approval has not been obtained before travel commences;
- Expenses without receipts except for automobile mileage reimbursement and meal per diems;
- Expenses that are reimbursed from any other source; and
- Expenses which are not specifically listed as being covered.

DEADLINE TO SUBMIT CLAIM FORM: JANUARY 24, 2025 AT 4:30PM

For further information, please review the policy on the UNBC-FA website: <https://www.unbcfa.ca>