



## CUA Honorarium Policy and Form

Please read the policy below and complete the attached Honorarium Form.

You will be receiving an honorarium from the CUA for participating in a CUA educational program. There are four options for receiving your honorarium payment.

**Option 1:** If you wish to receive the honorarium personally, you will be acting as an independent contractor and will be solely responsible for remitting any and all taxes with respect to the payments made to you. You are required to include the payment on your personal income tax return. The CUA will issue a T4A for the amount paid and send it to the address provided.\*

**Option 2:** If you wish to have the honorarium processed through your business, please provide us with your business HST number, or your Corporation number. The CUA will issue a T4A for the amount paid and send it to the address provided.\*

**Option 3:** If you are a non-Canadian resident, please complete the Honorarium Form and indicate that you are a non-resident.

Canadian honorarium recipients will be paid in Canadian funds only. US and international honorarium recipients will be paid in US funds if requested.

Honorarium forms must be submitted within one year of completion of the educational program. Forms submitted later than one year of the completion of the educational program will not be processed for payment.

Honorarium cheques will be processed within 4 weeks of receiving the Honorarium Form. If you have any questions, please contact Tal Erdman via e-mail at [tal.erdman@cua.org](mailto:tal.erdman@cua.org) or via telephone at (514) 395-0376, ext. 43.

All information will be kept confidential.

\*A Relevé 1 will also be issued for physicians and businesses in Quebec.



## Faculty Honorarium Form

This form is to be considered an invoice for your honorarium payment.

As an honorarium recipient we kindly ask that you complete the form below and return to:  
Tal Erdman, Coordinator, CPD Programs and Accreditation  
Fax: (514) 395-1664 or E-mail: [tal.erdman@cua.org](mailto:tal.erdman@cua.org)

Name of Physician:

E-mail:

Please choose one of the following options:

Option 1: I wish to be paid personally. Please provide your SIN # and complete address section below.

SIN #:

Option 2: I wish to have the honorarium processed through my business.

Please provide your business name and # and complete address section below.

Business #:

QC business # (if applicable):

Option 3: I am a non-Canadian resident. Please complete address section below.

Name to appear on cheque:

Address:

Business

Home

Street Address 1:

Street Address 2:

Suite/apt:

City/Province:

Postal Code:

Country: