UNIFOR
2002

# HEALTH SPENDING ACCOUNT CLAIM FORM

## EXPENSES INCURRED ON OR AFTER AUGUST 1, 2025 TO JULY 31, 2026 ARE ELIGIBLE

## CLAIMS MUST BE RECEIVED BY 12:00 NOON (EST) JULY 31, 2026

## Step 1: Your Information

**Your Full Name (First/ Last):** _____ **Your Employee #:**_____

**Your Job Status on August 1, 2025:** Full Time $300 ◯ Part Time $150 ◯

**Date of Birth (DD/MM/YYYY):** _____ **Email Address:** _____

**Your Address (Street/ City/ Prov/Postal Code):**_____

## Step 2: Who is claiming?

**Name of Person:** _____ **Date of Birth (DD/MM/YYYY):** _____

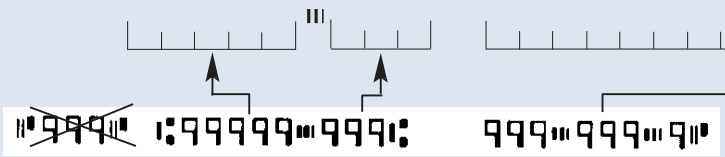
**Name of Person:** _____ **Date of Birth (DD/MM/YYYY):** _____

**Their Relationship to You:** Self ☐ Spouse ☐ Child ☐ Other ☐

## Step 3: Your Banking information - Reimbursement will be made by direct deposit

Please enclose a void cheque or complete the information below.

Branch # Institution # Account #



## Step 4: Please indicate that you have attached:

☐ 1. This completed and signed form

☐ 2. Copies of detailed paid in full invoices / receipts

☐ 3. Detailed Explanation of Benefits (EOB) from your AC/AE insurance. Not a phone screen shot.

☐ 4. If you have other insurance, also attach the detailed EOBs from your secondary insurance

I certify that the information contained herein is true, complete and accurate and that each of the listed expenses was purchased and/or incurred in connection with medical treatment of the above named individuals. I acknowledge that the submission of false or incomplete information may result in the delay or denial of this claim. I confirm that I am authorized to act on behalf of my spouse and/or dependants for such purposes. I authorize the use of my identification number and administration of any benefits and understand that the provision of my identification for such purposes is optional and not a condition of service and that I have the option of refusing or withdrawing my authorization.

## Step 5: Signature:

DAY: _____ MONTH _____ YEAR _____ YOUR SIGNATURE: _____

*original hand signature please*

**Canadian Benefits Consulting Group Limited**

Canadian Benefits Consulting Group Limited is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

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