

# Health Spending Account Claim Form

www.sunlife.ca

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

## 1 Member information

You must complete this section.

Contract Number <b>50131</b>	Member ID	<b>OMA Priority Insurance Program</b>			
Last Name		Given Name		Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address				Daytime Telephone Number (     )	
City	Province	Postal Code	Evening Telephone Number (     )		

## 2 Payment under the Health Spending Account

Attach original receipts.

OR  
If this claim has been submitted under another plan, attach the original Explanation of Benefits from that plan and copies of the receipts.

Your Health Spending Account can be used for eligible expenses that qualify for the medical/dental expense tax credit under the Income Tax Act. This may include expenses not covered under an Extended Health/Dental Coverage or unpaid portion of medical/dental expenses that have been submitted to another plan. See your information guide for a complete list.

Description of Expenses	Year of Expenses	Person for whom you are making the claim				Date of Birth			Amount
		Name	Relationship to member	Sex		Day	Month	Year	
				Male	Female				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
<b>TOTAL AMOUNT CLAIMED ▶</b>									<b>\$</b>

If you or any person for whom you are making a claim has coverage under another plan, you should submit the claim to the other plan first. This procedure is to your advantage because your Health Spending Account is only used to pay for expenses not covered by other plans. If you do not know whether an expense is covered by your regular plan, we recommend that you send it to the other plan first. After the benefits have been paid by the other plan, you can then submit the unpaid portion of that claim for payment from your Health Spending Account.

### 3 Authorization and Signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this plan, we may check the accuracy of the information given in support of your claim.

**Note for Members:** As part of the benefits payment and plan management process, we exchange information about claims with you, including claims for goods or services received by your spouse and dependents. This includes details such as the date of the claim, what the claim was for, and the amount of the claim. **Please ensure that your spouse and/or dependents are aware of, and consent to this process prior to submitting claims.**

I certify that all goods or services being claimed have been received by me, and if applicable, my spouse and/or dependents. 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 authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information about me, and if applicable, my spouse and/or dependents, needed for underwriting, administration and adjudicating claims under this Plan with any other person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, insurers and reinsurers. I understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

If I am making a claim under my Health Spending Account, I certify that these expenses qualify for reimbursement.

I understand that expenses for which I am reimbursed under my Health Spending Account cannot be claimed for Income Tax purposes (except in Quebec where special rules apply). I also acknowledge that the persons for whom I am making a claim are eligible and include myself, my spouse and any dependents for whom I am eligible to claim a medical expense tax credit as defined in the Income Tax Act. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes. I also understand that my plan sponsor may have access to a summary of the total amounts claimed by me under my Health Spending Account for the purposes of tax or administrative reporting.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of underwriting, administration and adjudicating claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Member's signature X	Date (d/m/y)
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For details specific to your plan, consult your benefit information package or visit our Web site,

[www.sunlife.ca](http://www.sunlife.ca)

**Mail the completed form to the nearest Sun Life Assurance Company of Canada Health Claims office:**

Sun Life Assurance Company  
of Canada

PO Box 4023 Stn A  
Toronto ON M5W 2P7

**For more information call 1- 800-361-6212**

**We will issue an Explanation of Benefits which should be kept for your records.**