

Healthcare Spending Account Claim Statement

Instructions: This claim will be returned to you if it is incomplete or contains errors. **Please answer all questions.** Payment provided through a Private Health Services plan. The Income Tax Act provides guidelines as to what benefits are allowed under this plan type.

Employees Last & First Name	<input type="checkbox"/> Male	Date of Birth (mmm/dd/yyyy)	Policy/Group #:	
	<input type="checkbox"/> Female		Employee/Cert #:	
	Email:			
Employee HOME Mailing Address	City	Province	Postal Code	
Employer/ COMPANY Name	Work Ph:		Home Ph.	

Please separate all eligible expenses by claimant and attach original receipts


Please **add** all expenses together for **each** member submitting claims on this form

NAME OF PATIENT	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (MMM/DD/YYYY)	CLAIM DETAILS			
			# OF RECEIPTS	MEDICAL/VISION CHARGES	# OF RECEIPTS	DENTAL CHARGES
TOTAL				\$		\$
COMBINED MEDICAL/DENTAL TOTAL			\$			

Protecting your personal information: At ProBenefits Inc., we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of ProBenefits or the offices of an organization authorized by ProBenefits. We limit access to personal information to your file to ProBenefits staff or persons authorized by ProBenefits who require it to perform their duties, to persons whom you have granted access, and to persons authorized by law. We use the personal information to determine your eligibility for coverage and to administer the group benefits plan.

NOTE: You should consult your independent tax advisor to review the eligibility of claims according to C CRA guidelines. ProBenefits assumes no responsibility for financial maximums that exceed the allowable amount by the Income Tax Act.

Name of Employee (Please Print)	Signature of Employee	Date

 <p style="font-size: 1.2em; margin: 0;">ProBenefits Inc.</p> <p style="font-size: 0.8em; margin: 5px 0 0 20px;">employer benefit solutions</p> <p style="font-size: 0.8em; margin: 0 0 0 20px;">#8 4402 37 Street Stony Plain AB T7Z 2A9 P. 780 963 5230 F. 780 963 0982 Toll Free. 800 375 3360</p>	OFFICE USE ONLY
	CHEQUE #
	DATE
	CHEQUE AMOUNT