GroupSource
Suite 200, 5970 Centre Street SE
Calgary, AB T2H 0C1

Health Spending Account Claim Form

Employee Information

Policy Number	Employer Name	C Employee Identification Number
Last Name / Given Name / Name Commonly Used		Gender ☐ Male ☐ Female
Apt. / House # / Street Address		Date of Birth yyyy / mm / dd
City / Province / Postal Code		Daytime Tel. No./Evening Tel. No.

Detail of Claim and Claimant Information

Description of Claim (E.g. Prescription Drug, Vision Care, Paramedical, Dental)	**Claimant's Name**	**Relationship to Employee**	**Date of Birth** yyyy mm dd	**Amount**

Total	**$** 0.00

Please attach ORIGINAL receipts or Explanation of Benefits summary to this form.

If Dental Expenses are being claimed, please attach the "*Standard Dental Claim Form*" provided by the dental office.

Expenses that are eligible under any other Benefit or Government plan should be submitted for reimbursement prior to claiming under your Health Spending Account.

Are benefits available under any other insurance program? Yes ☐ No ☐

If "Yes", please attach a copy of the Explanation of Benefits from the other payer.

Employee Authorization and Declaration

I certify that the information contained herein is true, complete and accurate and that each of the listed expenses were purchased and/or incurred in connection with medical treatment of the above-named individuals. I declare that the dependents for whom the expenses have been submitted, if applicable, meet the definition of an eligible dependent under my Health Spending Account. I acknowledge that the submission of false or incomplete information may result in the delay or denial of this claim. I understand that any expenses that are reimbursed under my Health Spending Account may not be claimed for Income Tax purposes (Taxation rules differ in Quebec). I authorize any physician, dentist or any health care provider and/or facility, any insurance company, benefit service provider and any other person or organization having any medical or other relevant personal information regarding me, my spouse, and/or my eligible dependents to release to and exchange with the insurer, the group plan administrator or their representatives and/or agents any and all information necessary to investigate and confirm the accuracy and validity of this claim, determine eligibility for benefits and/or administer the claim. I confirm that I am authorized to act on behalf of my spouse and/or eligible dependents for such purposes. I acknowledge that my plan administrator may receive summaries of dollar amounts incurred for administrative and/or tax purposes. **Any copy of this Authorization and Declaration shall be as valid as the original.**

Employee Signature _____ Date _____

Please note: Original signature is required on each claim form.

GroupSource is committed to protecting the confidentiality, accuracy and security of the personal information it collects and uses in the course of conducting business.

How to Claim for Reimbursement From Your Health Spending Account

Expenses for your Spouse:

If you are claiming expenses for your spouse who is covered under another medical plan, submit those expenses to your spouse's plan first. Outstanding balances should then be submitted under your standard group plan. After all plans have been exhausted, any remaining balances may be submitted through your Health Spending Account. **Please ensure that a copy of the Explanation of Benefits from any other plan provider is included with your submission** (the Explanation of Benefits provides reimbursement details).

Expenses for your Children:

If both you and your spouse have medical coverage, expenses for your children must first be claimed under the plan of the parent with the earliest birthday (month and day) in the calendar year. For example, if your birthday is May 1st and your spouse's birthday is June 5th, your children's expenses will be claimed under your standard group plan first. Remaining balances would then be submitted to your spouses plan. Once all other plans have been exhausted the expenses may be submitted under your Health Spending Account.

How to Submit a Claim:

To submit a claim under your Health Spending Account, complete the "Health Spending Account Claim Form" in full and attach **original** receipts or copies of the Explanation of Benefits from any other plan providers. Please make sure that you have filled in all the information completely and signed the form. Incomplete forms will delay the processing of your claim. Original receipts will not be returned. Receipts should include the name of the patient, the nature of the treatment or medical product, the name of the prescribing physician, the date, and the amount charged.

Mail Claims to...

GroupSource
Suite 200, 5970 Centre Street SE
Calgary, AB T2H 0C1

Ph: (403) 228-1657
Fax: (403) 228-1775
Toll-free: 1-866-862-5246