

Flexible / Taxable Spending Account Claim Form

Send to:
Email: claims@healthrisk.ca
Fax: (403) 236-9420
Mail: 50, 12221 - 44th Street SE
Calgary AB T2Z 4H3

This form should only be used to make a claim through your Flexible / Taxable Spending Account.

INSTRUCTIONS

- Complete sections A & B. Ensure all receipts are included/attached to claim submission.
- Your initials and signature are required in the Authorization and Declaration section to process your claim.

AUTHORIZATION AND DECLARATIONS

YOUR PRIVACY – Respecting and Protecting your Personal Information

At Health Risk Services we recognize and respect the importance of privacy. When you apply for coverage, we will establish a confidential file that contains your personal information. The information that we collect will be used for the purposes of determining your eligibility for coverage for the plan you are applying for and for the administration of this plan. This would include investigating and assessing claims, and creating and maintaining records concerning our relationship. Your file will be kept in the office of Health Risk Services. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Health Risk Services. We limit access to personal information in your file to Health Risk employees, to persons you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. To review the entire Health Risk Services Privacy Guidelines, visit the Health Risk website: www.healthrisk.ca – Privacy Guidelines

- I hereby apply for reimbursement of enclosed expenses under the group benefits plan sponsored by my employer and administered by Health Risk Services.
- I have read and understood the contents of the section on this form entitled - 'Your Privacy – Respecting and Protecting your Personal Information'.
- If applying for reimbursement for my spouse and/or dependents, I confirm that I am authorized to act on their behalf.
- I agree that a photocopy or electronic copy of the Authorization and Declarations section is as valid as the original

BY INITIALING HERE, I HEREBY AUTHORIZE:



*Required

Health Risk Services, any healthcare provider, my plan administrator, other insurance or re-insurance under the plan, if applicable; companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with Health Risk Services to exchange personal information, when necessary to determine my eligibility for coverage and to continue to administer the plan.

SIGNATURE

I certify that all information I have given is true, correct and complete to the best of my knowledge. I understand that the submission of fraudulent claims is a criminal offence. Suspected fraudulent claims may be reported to the employer/plan sponsor and to the appropriate law enforcement agency.

Plan Member Signature:

Date Signed:
(mm/dd/yyyy)

A. EMPLOYEE INFORMATION

Company Name:		Group Number:	
Last Name:	First Name:	ID Number:	
Only Complete the following <u>IF</u> your address has changed and you have not informed us. Otherwise, we will use the address currently on file.			
Street Address:		Unit #:	PO Box:
City:	Province:		Postal Code:

B. CLAIMS INFORMATION

Patient's Full Name (Individual that incurred the expense)	Patient's DOB (mm/dd/yyyy)	Relationship to Employee	Type of Expense (Memberships, Equipment, Other Health Expenses, etc.)	Date of Service (mm/dd/yyyy)	Amount \$
TOTAL					

WHAT CAN I CLAIM?

Each plan has been designed to suit the needs of its employees. Due to the diversity of items that may be claimed you should check with your plan administrator or Health Risk Services to determine what is allowed under your specific taxable account.

All plans allow the transfer of unused taxable funds to an RRSP or TFSA. Please contact us if you would like to exercise that option.

SHOULD I KEEP COPIES OF MY ORIGINAL RECEIPTS?

Always retain copies of your original receipts for your records.

WHERE DO I SEND CLAIMS?

All claims and supporting documentation must be sent to Health Risk at:

Health Risk Services Inc.
 #50, 12221 - 44th Street SE
 Calgary AB T2Z 4H3
 Fax: (403) 236-9420
 Email: claims@healthrisk.ca

Online claim submission is not available for flexible / taxable accounts