



**HEALTH SPENDING ACCOUNT CLAIM FORM**

**Use this form** to submit claims to be paid from your Health Spending Account. Refer to your Pan Booklet for a list of expenses which qualify. **Do not use this form for claims covered under your group benefits plan.**

**MEMBER INFORMATION**

LOCAL UNION

LAST NAME		FIRST NAME		CERTIFICATE NUMBER
ADDRESS			DATE OF BIRTH (MM/DD/YY)	GENDER Male Female
CITY	PROVINCE	POSTAL CODE	PHONE NUMBER	

**If claim is on behalf of an eligible dependent, please answer the following**

DEPENDENT NAME	STATUS Spouse Child	GENDER Male Female	DATE OF BIRTH MM/DD/YY
If the claim is for a dependent child 18 years of age or older, please indicate: School Name _____		STUDENT STATUS Full-time Part-time	EXPECTED DATE OF GRADUATION (MM/DD/YY)

**List and attach all paid receipts or invoices for this claimant**

ITEM SUBMITTED	NAME OF SUPPLIER	DATE OF PAID RECEIPT	AMOUNT CHARGED

I hereby authorize any healthcare provider, my plan administrator, my employer, insurance companies, other organizations, or benefit service providers working with Funds Administrative Service Inc. to exchange information when necessary for the purpose of settlement of this claim and to administer the group plan. I authorize the release of the information contained in this claim form to the Insurer/Plan Administrator, its authorized representative or consultant for the purpose of settlement of this claim. I understand the information collected is kept in strict confidence and used solely for the purpose of assessing the claim and to administer the group benefit plan, I certify that the information given is true, correct and complete to the best of my knowledge and that each of the above expenses are for medical treatment that I and/or my dependents received. I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to the supplier for the entire amount.  
(MM/DD/YY)

**SIGNATURE OF MEMBER**

**DATE**



Phone (780) 452-5161

**Please return to:**  
Funds Administrative Service Inc.  
10154 – 108 Street NW, Street Edmonton AB, T5J 1L3  
Toll free: 1-800-770-2998

Fax (780) 452-5388