JEMS PLUS
JOHNSTONE'S EMPLOYEE MANAGEMENT SYSTEM

REQUEST FOR HEALTH SPENDING ACCOUNT (HSA) REIMBURSEMENT

Please submit a separate request for each employee

Attach all invoices, paid receipts and benefit statements issued by all insurers and include any other supporting documentation. Please note: if required, please retain copies as originals will not be returned.

Name of Company	Policy Number
	992000

Name of Employee	Date of Birth (MM/DD/YYYY)	Certificate Number

I, the undersigned, hereby request that the expenses outlined below be reimbursed from my HEALTH SPENDING ACCOUNT (HSA), and that to the best of my knowledge, the expenses I am claiming meet with the rules and regulations for Health Care Spending Accounts (HCSA) as set forth by CRA.

Name of Patient	Relationship to Employee	Date of Expense (MM/DD/YYYY)	Type of Service (i.e. Dental, Drug, etc.)	Amount to be Reimbursed
				$
				$
				$
				$
				$
				$
			Total	$ 0.00

Under co-ordination of benefits provisions, if your spouse has coverage under another insurance plan, his/her charges must first be submitted under that plan. Similarly, for dependent children claims must first be submitted to the plan of the parent whose month and day of birth comes earlier in the calendar year.

Do you have coverage under any other Plan? ☐ **Yes** ☐ **No**

Who should we pay?	☐ Employee	☐ Dentist	☐ Other

Where should we send the cheque?

Street Address _____

City, Province, Postal Code _____

I HEREBY CONFIRM:

1. that the information contained in the Claim Form is true and complete to the best of my knowledge;
2. that the expenses were incurred by myself or one of my dependents and that such expenses are not eligible for reimbursement under the group policy or any other plan and qualify for reimbursement under my Health Spending Account;
3. I am AUTHORIZED to disclose information about them with respect to the claim, and
4. that I understand that any expenses for which I am reimbursed under my Health Spending Account cannot be claimed for Income Tax purposes and also should any tax consequences arise from the reimbursement of these expenses that I am responsible for payment of such taxes;
5. I certify that the persons for whom I am making a claim are eligible;
6. I AUTHORIZE my Employer and the Insurer (including its affiliates and/or reinsurers) to exchange the information detailed in this Claim Form and any other benefit related information contained in files regarding me or my dependents, now or in the future, for the purposes of administration and/or management of the Group Policy issued by the Insurer.

Dated at	**this day of**	**(YYYY)**	**Signature of Employee**

V1.0

JB Internal

YOUR HEALTH SPENDING ACCOUNT

WHAT EXPENSES QUALIFY FOR REIMBURSEMENT?

1. Expenses that quality for the medical expense tax credit under the Income Tax Act are eligible. These may include expenses not covered by your medical or dental coverage (if provided) under your Group Policy.

2. Expenses which have been paid (or are eligible to be paid) by any government or private insurance plan do not qualify for reimbursement.

CLAIMING

1. You must submit the expenses during the year in which they occur

2. The Health Spending Account is only to be used for expenses or a portion of the expenses which are not covered elsewhere. For expenses of which a portion is payable under your Group Policy, you must submit the claim under your Group Policy first. After the benefit has been paid under the plan, you should then submit the unpaid portion of the claim for payment under your Health Spending Account.

3. Any receipts (copies of originals) which you submit with a claim must include the following information:

- Name of the Claimant
- Nature of the treatment or type of medical product
- Name of the prescribing physician
- The date the claim was incurred, and
- The amount charged

4. Mail completed forms to

JOHNSTONE'S BENEFITS
3095 Woodbine Drive
North Vancouver, B.C.
V7R 2S3