Important Health Spending Account (HSA) claiming information

The Health Spending Account (HSA) claim form is used to submit expenses processed under your Health Spending Account. If you wish to submit them first through your health or dental plan(s), please use the appropriate Alberta Blue Cross health or dental claim form.

What expenses can I claim?

- Health Spending Accounts are governed by taxation rules and regulations developed by Canada Revenue Agency (CRA).
- A Health Spending Account (HSA) may be used to claim eligible health or dental related costs incurred by you and/or your eligible dependents.
- Any eligible medically-related expense that could be used to meet requirements for inclusion on a plan participant's personal income tax return (in accordance with the Income Tax Act-Medical Expense Tax Credit) is eligible for reimbursement.

For Group Health/Dental Plan Expenses

(for example, prescription drugs, dental, physiotherapy and vision claims)

If a medical expense qualifies as an eligible claim through a group health/dental plan, then it is eligible under your HSA. The majority of medical expenses that qualify for an HSA fall under this category.

Examples include co-pay amounts, deductibles, vision care expenses and orthodontic procedures.

Alberta Blue Cross will validate, assess and adjudicate these claims.

A general listing of eligible expenses can be found on the Alberta Blue Cross web site at www.ab.bluecross.ca/gpmd_hsa.html.

Other Medical Expenses

(for example travel expenses, vehicle modifications and home renovations)

Other medical expenses may qualify for your HSA plan.

Since Canada Revenue Agency (CRA) decides what expenses are eligible under an HSA, and since the eligibility of claims is based on personal taxation and health status, Alberta Blue Cross is not in a position to confirm whether your claims of this nature are allowable under CRA rules and guidelines.

The CRA has published a list of general expenses that are eligible. This list can be found at http://www.cra-arc.gc.ca/medical/

Please note: Due to changes announced in the 2010 Federal Budget, cosmetic services and procedures purely esthetic in nature are no longer eligible expenses through Alberta Blue Cross Health Spending Accounts unless they meet specific requirements. This exclusion applies to all cosmetic procedures incurred after March 4, 2010.

Alberta Blue Cross will reject claims for expenses that are non-health related.

If your claim is unique in nature and you are unsure whether it is eligible, we advise you to contact Canada Revenue Agency at 1-800-959-8281 to obtain more information.

ALBERTA BLUE CROSS®

www.ab.bluecross.ca

HEALTH SPENDING ACCOUNT (HSA) CLAIM FORM

Use this form to submit expenses only to your Health Spending Account. Expenses submitted on this form will not be processed under your core health and dental plan(s). If you wish to submit them first through your core health and dental plan, please use the appropriate Alberta Blue Cross health or dental claim form. Any unpaid amounts automatically flow through to your HSA for consideration.

Please refer to the accompanying "Important Health Spending Account (HSA) claiming information" for instructions on how to complete this form.

- A Health Spending Account may be used to claim health or dental related costs incurred by you and/or your eligible dependents. These expenses must meet the Canada Revenue Agency's (CRA) tax deduction guidelines for eligible expenses. (Please read the accompanying instructions for important information about your HSA claim.)
- **When claiming expenses not eligible under a group health/dental plan, it is your responsibility to determine whether your medical expenses are allowable under the Canada Revenue Agency's rules and guidelines.**

1. EMPLOYEE INFORMATION:

Surname	First Name	Alberta Blue Cross ID Number
Address		Group Number
City	Province / Postal Code	Telephone Number

Note: Expenses submitted on this form will not be processed under your core health and dental plan(s). If you wish to submit them first through your core health and dental plan, please use the appropriate Alberta Blue Cross health or dental claim form. Any unpaid amounts automatically flow through to your HSA for consideration.

2. CLAIM SUBMISSION DETAILS: ***(Remember to attach supporting receipts and/or statements from other benefits carriers.)***

Expense Description	Date of Service (YY / MM / DD)	Patient's First Name (Add surname if different than employee)	Relationship to Employee	Amount Claimed

(NOTE: If additional space is required please fill out an additional claim form.)

Total Claim: $

3. EMPLOYEE CONSENT AND DECLARATION

I certify that the information contained in this and other documents supporting this claim is complete and true. **By submitting this form, I understand that I am requesting payment be made for the above expenses, in accordance with my Health Spending Account.** I accept full responsibility to ensure that all expenses incurred and submitted for payment from my Health Spending Account are allowable medical expenses as defined under the Canadian Federal *Income Tax Act*. If unsure please visit Canada Revenue Agency's (CRA) web site **http://www.cra-arc.gc.ca/tx/ndvdls/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/330/llwbl-eng.html** and/or call the CRA's *Individual income tax enquiry line* at **1-800-959-8281** for further information.

I certify that the individuals for whom this claim is made are eligible under my Health Spending Account and/or may include others defined as eligible dependents by the *Income Tax Act* (those who were financially dependent on me during the last taxation year and for whom I can claim a medical expense tax credit).

I understand that the personal information provided herein, as well as any other personal information currently held by Alberta Blue Cross about me and eligible dependents will be used to determine eligibility for this benefit, verify, assess and pay claims, and administer my Health Spending Account. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I hereby acknowledge and agree that the personal information may be exchanged between Alberta Blue Cross and a health care professional, practitioner, institution or health benefits provider or insurer when needed for a purpose stated above.

I understand that the personal information will be kept confidential and secure. I understand that I may revoke this consent at any time and acknowledge that should I do so, this claim may not be considered. I understand why the personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I have read and understood this Employee Consent and Declaration.

Signature of Employee (required) _____ Date

This consent is obtained in accordance with Alberta's *Health Information Act*, Alberta's *Personal Information Protection Act* and the federal *Personal Information Protection and Electronic Documents Act*.

Complete this form, attach your original receipts, sign and send to: **Alberta Blue Cross, 10009 - 108 Street NW, Edmonton, AB T5J 3C5**

If you have any questions, please contact Customer Services at 1-800-661-6995.

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ABC 30876 (R05/2011)

Sample of a Health Spending Account (HSA) claim form.

Who is eligible to claim under my HSA plan?

Your immediate dependents eligible under your employer plan, plus those dependents who meet Canada Revenue Agency's (CRA) broader definition of eligible dependents for tax deduction purposes.

Original receipts

Attach original receipts for each expense claimed and keep copies for your records. If you have claimed these expenses under another plan, the original Explanation of Benefits from that plan and copies of receipts must be attached to this claim.

Questions about privacy?

Call 1-855-498-7302, contact us through our web site, www.ab.bluecross.ca, or write to Privacy Matters at the address on this form.

For more information about Alberta Blue Cross HSAs, please visit our web site at www.ab.bluecross.ca.

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Total Claim: $

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I understand that the personal information provided herein, as well as any other personal information currently held by Alberta Blue Cross about me and eligible dependents will be used to determine eligibility for this benefit, verify, assess and pay claims, and administer my Health Spending Account. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I hereby acknowledge and agree that the personal information may be exchanged between Alberta Blue Cross and a health care professional, practitioner, institution or health benefits provider or insurer when needed for a purpose stated above.

I understand that the personal information will be kept confidential and secure. I understand that I may revoke this consent at any time and acknowledge that should I do so, this claim may not be considered. I understand why the personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I have read and understood this Employee Consent and Declaration.

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