

Please refer to the back of this form for instructions on how to complete

10009 108 ST NW, Edmonton, Alberta T5J 3C5

Use this form to submit expenses to your Health Spending Account (HSA) only. 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.

- A HSA may be used to claim health or dental related costs incurred by you and/or your eligible dependants. 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 core health and dental plan, it is your responsibility to determine whether your medical expenses are allowable under the CRA's rules and guidelines.

### 1. Primary plan member information (refer to your ID card)

Last name		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 plans. 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			Patient's first name (add surname if different than member)	Relationship to primary plan member	Amount claimed
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
	YYYY	MM	DD			
NOTE: If additional space is required please fill out an additional claim form.					<b>Enter total claim amount \$</b>	

### 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 HSA.** I accept full responsibility to ensure that all expenses incurred and submitted for payment from my HSA are allowable medical expenses as defined under the Income Tax Act. If unsure please visit the CRA's web site [www.cra-arc.gc.ca/medical](http://www.cra-arc.gc.ca/medical) 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 HSA 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 dependants will be used to determine eligibility for this benefit, verify, assess and pay claims, and administer my HSA. I certify that I am authorized by my spouse and/or dependants 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 primary plan member (required)	Date		
	YYYY	MM	DD

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.



## Important health spending account (HSA) claiming information

The HSA claim form is used to submit expenses processed under your HSA. If you wish to submit them first through your health or dental plans, please use the appropriate Alberta Blue Cross health or dental claim form.

### What expenses can I claim?

- HSAs are governed by taxation rules and regulations developed by Canada Revenue Agency (CRA).
- A HSA may be used to claim eligible health or dental related costs incurred by you and/or your eligible dependants.
- Any eligible medically-related expense that could be used to meet requirements for inclusion on a primary plan members personal income tax return (in accordance with the Income Tax Act) 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](http://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.

Because the CRA decides what expenses are eligible under an HSA, and because 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>

*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 HSAs 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  
the CRA at 1-800-959-8281 to obtain more information.**

### Who is eligible to claim under my HSA plan

Your immediate dependents eligible under your employer plan, plus those dependants who meet the CRA's broader definition of eligible dependants 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](http://www.ab.bluecross.ca), or write to Privacy Matters at the address on this form.

### Submit online

To register for the member web site, visit [www.ab.bluecross.ca](http://www.ab.bluecross.ca) and click "Sign in".

Submit eligible health, dental and spending accounts/claims online when you sign up for the members site.

With our mobile-friendly site, you can access your claim and benefit information anywhere, anytime.