

USE THIS FORM TO SUBMIT EXPENSES TO YOUR SPENDING ACCOUNT

If additional space is required please fill out an additional claim form.

What expenses can I claim?

Eligible expenses claimed under your spending account are determined by your employer. Please refer to your Alberta Blue Cross benefit booklet or the plan information provided by your employer for eligible categories and expenses.

Who is eligible to claim under my spending account?

This is determined by your employer. Please refer to your benefit booklet or plan information.

Remember to attach receipts

Attach receipts for each expense claimed. Receipts must include date and product description and must be marked "paid." Copies of receipts are acceptable if they are legible.

Alberta Blue Cross will deny claims for expenses that are not covered under your spending account. If your claim is unique in nature and you are unsure whether it is eligible, we advise you to contact your employer.

Member information (refer to your ID card)

Group	Section	Last name	First name	Phone number	Member ID number
Mailing address		City	Province	Postal code	

Complete for member and all persons being claimed for on this form

Expense category*	Expense description	Recipient of service	Date of service			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	
			YYYY	MM	DD	
*Please refer to your Alberta Blue Cross benefit booklet or the plan information provided by your employer for eligible categories.					Total claim	

Acknowledgement and consent

By submitting this spending account claim for processing and payment by Alberta Blue Cross, and in consideration of Alberta Blue Cross processing/paying this Claim, I consent and/or agree to/with the following provisions:

- I am requesting payment be made for the above expenses, in accordance with my spending account, as set out by my employer.
- All information contained in this claim and any supporting documents is complete and true.
- All personal information contained in this claim, as well as other personal information currently held or collected in the future by Alberta Blue Cross, will be used by Alberta Blue Cross only to determine eligibility for benefits, to assess and pay claims, to administer the terms of my spending account and to verify or audit paid claims.
- I understand Alberta Blue Cross will keep all personal information confidential and secure.
- I am authorized by my spouse and/or eligible adult dependant's (if applicable) to disclose and receive information about them that is used solely for these purposes.
- For the purpose of verifying or auditing paid claims, I and my spouse/eligible dependants will co-operate fully with Alberta Blue Cross.
- I understand why the personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its use as described above.
- 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 have read and understood this acknowledgement and consent and understand that Alberta Blue Cross is relying on this signed acknowledgement and consent when assessing and paying this claim.
- I authorize Alberta Blue Cross to collect, use and disclose my and my spouse/dependant's personal information as described above.
- I agree that this consent and declaration shall be effective from the date of claim and shall remain in effect as long as the coverage is in force.

I hereby acknowledge that it is my responsibility to ensure that my claim adheres to the requirements of my spending account, as set out by my employer. I certify that this claim is made only for allowed expenses incurred by me and/or my spouse/eligible dependant's.

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.

Signature of primary plan member (required)	Date		
	YYYY	MM	DD

Complete this form, attach your 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.**

