

## WELLNESS SPENDING ACCOUNT CLAIM FORM

Eligible Wellness Spending Account Expenses are reimbursed at 100%, subject to available credits.

**EMPLOYEE ONLY PLAN.** Itemized receipts in your name must be included with your claim for reimbursement

### MEMBER INFORMATION

Certificate Number	Client Number	Last Name	First Name
	<b>41480</b>		
Address	City	Province	Postal Code
Email Address	<b>Has your address changed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Your plan requires address changes be requested through your employer.		

### TYPE OF EXPENSE

Please indicate the type of expense you are claiming.

Athletic Footwear - Athletic runners and specialty shoes required for the sport (limited to one pair each)

Fitness/Sports Equipment - New/used equipment, accessories, safety equipment and electronic tracking devices essential to the sport

Personal Interest/Learning, Memberships, Registrations and Lessons - Tuition/fees for instructional classes, provincial park passes and zoo memberships

Health Support Services/Miscellaneous - Weight and stress management, smoking cessations, and health screening

Cosmetic Procedures (if previously eligible under HSA)

Transportation - Bus passes, bus tickets, and peggo cards

Home Office Ergonomic Equipment – Keyboard, mouse, height-adjustable desk

Other Items (not listed above) \_\_\_\_\_

### AUTHORIZATION AND CONSENT

I certify that this claim is true and correct and all attached receipts have been paid in full to the service provider. I certify that the items are for me and nobody else. I also certify that I am aware and have read the Authorization and Consent on the reverse of this claim form.

I understand that the benefits provided under the Wellness Spending Account are determined by my employer and that Manitoba Blue Cross may be required to discuss the details of this claim with my employer before a final decision can be made. I authorize Manitoba Blue Cross to communicate all relevant information with my employer as it relates to this claim.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please see reverse for contact information and how to submit your claim.**

## AUTHORIZATION & CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member. I understand that Manitoba Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Manitoba Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Manitoba Blue Cross to collect, use and disclose my personal information as outlined in the Manitoba Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.

I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Manitoba Blue Cross's privacy policies or for questions as to the collection, use or disclosure of my personal information, I can contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or [mb.bluecross.ca](http://mb.bluecross.ca).

I authorize Manitoba Blue Cross to collect, use and disclose my personal information as described above.

## HOW TO SUBMIT YOUR CLAIM

**Online:** mybluecross® account  
at [mb.bluecross.ca](http://mb.bluecross.ca)

**In Person/  
Drop Box:** 599 Empress Street  
Winnipeg MB

**Mail:** PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7

**Fax:** 204.772.1231

Inquiries? Email through Contact Us at [mb.bluecross.ca](http://mb.bluecross.ca) or phone 204.775.0151 or 1.888.596.1032 (toll free)

