

# Personal Spending Account



- Please print clearly and be sure to complete all sections of your Wellness Personal Spending Account claim form.
- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign Section 4 and mail your claim to the address at the end of this form.
- Email your completed claim form along with your receipts to [myclaims@sunlife.com](mailto:myclaims@sunlife.com). You can send PDF, JPEG/JPG and PNG file types (we cannot accept links). Include all files related to the claim in one email.

**Questions?** Please visit [www.sunlife.ca](http://www.sunlife.ca) or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

## 1 Information about you

Be sure to fully complete this section.

Contract number <b>151039</b>		Member ID number		Your plan sponsor/employer <b>SLB</b>	
Your last name			First name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Your address (street number and name)				Apartment or suite	City
Province	Postal code	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		Daytime phone number	

## 2 Information about your claim

List the names of all persons for whom you're claiming expenses. Add up all the receipts and insert the total amount claimed.

Person for whom you are making the claim	Date of birth (yyyy-mm-dd)	Relationship to you	Amount claimed
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
			<b>Total claimed</b>
			\$

## 3 Details of claims

Ensure each receipt clearly indicates the type of expense being claimed.

Attach original receipts or if this claim has been submitted under another plan, attach the original claim statement from the plan and copies of the receipts.

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> fitness club or gym memberships	_____	_____	\$ _____
<input type="checkbox"/> registration fees for virtual fitness classes	_____	_____	\$ _____
<input type="checkbox"/> registration fees for fitness-related programs, lessons or courses (such as aerobics, yoga, dance and martial arts)	_____	_____	\$ _____
<input type="checkbox"/> sports team memberships and registration fees	_____	_____	\$ _____
<input type="checkbox"/> annual memberships or daily passes to athletic facilities (such as access to golf courses, racquet clubs and ski hills)	_____	_____	\$ _____

For SLF use:  
HCF

### 3 Details of claims (continued)

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> personal trainers, fitness consultants, lifestyle consultants and exercise physiologists	_____	_____	\$ _____
<input type="checkbox"/> registration fees for fitness-related events (such as walks, runs and races)	_____	_____	\$ _____
<input type="checkbox"/> recreational activity fees (such as boating fees, camping fees and trail passes)	_____	_____	\$ _____
<input type="checkbox"/> fees for athletic facilities and equipment rental costs	_____	_____	\$ _____
<input type="checkbox"/> fitness-related apps, software and programs	_____	_____	\$ _____
<input type="checkbox"/> hunting and fishing licenses	_____	_____	\$ _____
<b>Fitness equipment</b>			
<input type="checkbox"/> purchase or rental of exercise equipment (such as treadmills, exercise bikes, universal gyms and weights)	_____	_____	\$ _____
<input type="checkbox"/> specialized sports equipment (such as skates, bikes, nonmotorized boats, rackets and clubs)	_____	_____	\$ _____
<input type="checkbox"/> fitness tracking tools (including watches) and heart-rate monitors	_____	_____	\$ _____
<b>Health products and services</b>			
<input type="checkbox"/> weight management programs (excluding food)	_____	_____	\$ _____
<input type="checkbox"/> nutrition programs and counselling	_____	_____	\$ _____
<input type="checkbox"/> cholesterol and hypertension screening	_____	_____	\$ _____
<input type="checkbox"/> smoking cessation programs and products	_____	_____	\$ _____
<input type="checkbox"/> maternity services and accessories (such as Doulas, Midwives and classes)	_____	_____	\$ _____
<input type="checkbox"/> services provided by iridologists, herbalists, Chinese medical practitioners and acupressurists	_____	_____	\$ _____
<input type="checkbox"/> other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Rolfing and light therapy	_____	_____	\$ _____
<input type="checkbox"/> stress management programs	_____	_____	\$ _____
<input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training	_____	_____	\$ _____
<input type="checkbox"/> health, fitness or lifestyle assessments (such as fees for allergy testing, ergonomic assessments and genetic testing)	_____	_____	\$ _____
<input type="checkbox"/> vitamins, supplements, herbal products, blenders and juicers	_____	_____	\$ _____
<input type="checkbox"/> sleeping aids (such as orthopaedic mattresses and pillows, darkening blinds, white noise machines and ear plugs)	_____	_____	\$ _____
<input type="checkbox"/> life coach services or fees for spiritual or wellness retreats (excludes the cost of travel and accommodations)	_____	_____	\$ _____

### 3 Details of claims (continued)

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<b>Indigenous Health</b>			
<input type="checkbox"/> traditional Indigenous Healers and Elders	_____	_____	\$ _____
<input type="checkbox"/> traditional medicines (such as sweetgrass, sage, cedar, tobacco plant)	_____	_____	\$ _____
<input type="checkbox"/> fees and supplies for Indigenous ceremonies (such as sweat lodges, healing circles, smudge kits)	_____	_____	\$ _____
<b>Educational and personal development</b>			
<input type="checkbox"/> healthy cooking classes	_____	_____	\$ _____
<input type="checkbox"/> tuition fees for university, college or continuing education (including books and supplies)	_____	_____	\$ _____
<input type="checkbox"/> fees for language training and tutoring	_____	_____	\$ _____
<input type="checkbox"/> fees or dues for professional memberships or associated with maintaining a professional designation	_____	_____	\$ _____
<input type="checkbox"/> hobby or general interest classes and supplies (including cameras)	_____	_____	\$ _____
<input type="checkbox"/> personal computers, accessories and software	_____	_____	\$ _____
<b>Professional services</b>			
<input type="checkbox"/> services of professionals for estate planning, financial counselling, tax return preparation and will preparation	_____	_____	\$ _____
<b>Insurance premiums</b>			
<input type="checkbox"/> Life and Critical Illness insurance premiums, as well as Long Term Care facility premiums	_____	_____	\$ _____
<input type="checkbox"/> insurance premiums paid for Long Term Disability	_____	_____	\$ _____
<input type="checkbox"/> pet insurance premiums	_____	_____	\$ _____
<b>Miscellaneous</b>			
<input type="checkbox"/> orthopaedic mattress, orthopaedic pillow	_____	_____	\$ _____

#### Are you attaching receipts for out-of-Canada expenses?

Ensure the currency and amount are clearly marked on each receipt. We'll process your claim and convert the eligible expenses to Canadian dollars as of the date of processing.

No  Yes

## 4 Authorization and signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this Personal Spending Account, we may check the accuracy of the information given in support of your claim.

I certify that all goods or services being claimed have been received by me, and if applicable, my spouse and/or dependents. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan. I certify that these expenses qualify for reimbursement under my Personal Spending Account.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information about me, and if applicable, my spouse and/or dependents, needed for administration and processing claims under this Personal Spending Account with any other person or organization who has relevant information pertaining to this claim. I understand that information pertaining to this claim may be reviewed in the event this Personal Spending Account plan is audited.

I certify that the persons for whom I am making a claim are eligible and include myself, my spouse and my dependents as defined for this coverage. I understand that I am responsible for the outcome of any tax consequences that may arise from being reimbursed for these expenses. I also understand that my plan sponsor may have access to an itemized listing of claims submitted by me under my Personal Spending Account for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of administration and processing claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada to disclose information about their claims to me, for the purposes of processing a claim, if any and managing my Personal Spending Account.

I have typed my name in place of my handwritten signature. I agree that my typed name is as binding as my handwritten signature. I also agree that a photocopy or electronic version of this authorization is as valid as an original.

Member's signature X	Date (yyyy-mm-dd)
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## Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy) or call us for a copy.

## Mailing instructions – keep a copy of your claim form and receipts for your records

Mail your completed form and supporting documents to the claims office nearest you.

Sun Life Assurance Company of Canada PO Box 11658 Stn CV Montreal QC H3C 6C1	Sun Life Assurance Company of Canada PO Box 2010 Stn Waterloo Waterloo ON N2J 0A6
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Email your completed claim form along with your receipts to [myclaims@sunlife.com](mailto:myclaims@sunlife.com). You can send PDF, JPEG/JPG and PNG file types (we cannot accept links). Include all files related to the claim in one email.

Please be advised that although Sun Life uses reasonable means to protect the security and the confidentiality of the email content it sends and receives, the privacy or security of email communications cannot be guaranteed.