

Wellness 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. 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 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 152260		Member ID number		Your plan sponsor/employer SLB	
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

Identify whether your expenses are solely for you (as the employee) or for you AND your family. Expenses solely for a dependent are not eligible.

Who claim is for (please check one box)

Amount claimed

Who claim is for (please check one box)	Amount claimed
Employee only <input type="checkbox"/> or Employee & Family <input type="checkbox"/>	\$ _____
Employee only <input type="checkbox"/> or Employee & Family <input type="checkbox"/>	\$ _____
Employee only <input type="checkbox"/> or Employee & Family <input type="checkbox"/>	\$ _____
Employee only <input type="checkbox"/> or Employee & Family <input type="checkbox"/>	\$ _____
Employee only <input type="checkbox"/> or Employee & Family <input type="checkbox"/>	\$ _____
Total Claimed	
\$ _____	

3 Details of claims

The Wellness Personal Spending Account (WPSA) Benefit is primarily intended to support the health and well-being of the employee. Expenses solely for a dependent are not eligible. The only exception is for family expenses where the employee is also covered.

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.

Fitness services

- fitness club or gym memberships
- registration fees for virtual fitness classes
- registration fees for fitness-related programs, lessons or courses (such as aerobics, yoga, dance and martial arts)

Date incurred (yyyy-mm-dd)	Amount claimed
_____	\$ _____
_____	\$ _____
_____	\$ _____

3 Details of claims (continued)

	Date incurred (yyyy-mm-dd)	Amount claimed
<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)	_____	\$ _____
<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	_____	\$ _____
Fitness equipment		
<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	_____	\$ _____
<input type="checkbox"/> fitness consoles and accessories and downloadable work-out videos	_____	\$ _____
Health products and services		
<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"/> services provided by iridologists, herbalists, Chinese medical practitioners and acupressurists	_____	\$ _____
<input type="checkbox"/> other alternative wellness services (such as Reiki, Rolfing and light therapy)	_____	\$ _____
<input type="checkbox"/> stress management programs	_____	\$ _____
<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"/> life coach services or fees for spiritual or wellness retreats (excludes the cost of travel and accommodations)	_____	\$ _____
<input type="checkbox"/> health-related apps, software and programs	_____	\$ _____
Indigenous Health		
<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)	_____	\$ _____

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 I have received all goods or services being claimed. 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 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 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.

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)
-------------------------	-------------------

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 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
---	--

Email your completed claim form along with your receipts to 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.