Health Care Spending Account claim form



This form is to be used to claim eligible expenses, up to the maximum allowed, under the Health Care Spending Account (HCSA) portion of your group benefits plan. To ensure timely claim processing, please complete the form in full.

If you'd like to coordinate expenses between your group insurance plan and your Health Care Spending Account, please attach this form to a completed Extended Health Care, or Dental claim form, along with the original receipts.

If you have already submitted a claim and you'd like the unpaid portion to be reimbursed, please submit this form along with the original Explanation of Benefits (EOB).

2	Plan member information	Group no.	Division no.	Division	name	(Certificate no.
		Last name			First name		
		Mailing address			City	Prov	Postal code

3	Plan member signature		
		Plan member signature	Date signed

4	Submit your	Submit your claim by:	
	claim	Mail:	
		People Corporation	
		1403 Kenaston Blvd.	
		Winnipeg MB R3P 2T5	
		Fax: (204) 488-6008	
		Email: claims.inquiries@peoplecorporation.com	

1800 875 7982 claims.inquiries@peoplecorporation.com 1403 Kenaston Blvd. Winnipeg, MB R3P2T5

1