

Wellness Spending Account claim form

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

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

3	Plan member signature	<p>I authorize the exchange of any information necessary for the administration of this claim. A copy of this authorization is as valid as the original. People Corporation makes no representations or warranties with respect to, and shall not be liable for, the tax or other consequences to any person arising from benefits received under the Wellness Spending Account benefit. By making or receiving benefits under or otherwise participating in this benefit plan all such persons acknowledge and agree to these conditions.</p> <p>I confirm that it is my responsibility to ensure these expenses have been submitted for reimbursement to all benefit providers prior to submitting it for reimbursement under this plan. I understand that only eligible expenses can be reimbursed.</p>		
		<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">Plan member signature</td> <td style="width: 25%;">Date signed</td> </tr> </table>	Plan member signature	Date signed
Plan member signature	Date signed			

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