

Health Care Spending Account claim form

Submit via email: claims.inquiries@peoplecorporation.com

Submit via mail: 1403 Kenaston Blvd., Winnipeg MB R3P 2T5

Claim inquiries: 1-800-875-7982

Use this form to claim eligible expenses, up to the maximum allowed, under the Health Care Spending Account (HCSA) portion of your group benefits plan. Please complete the form in full and submit along with the receipts. If you'd like to coordinate expenses between your group benefits plan and your Health Care Spending Account, please attach this form to a completed Extended Health Care or Dental claim form. If you've 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). Please refer to your benefits card for your Group # and Certificate #.

Plan member information

Name: _____ Date of birth: _____

Email address: _____

Group #: _____ Certificate #: _____

Claim details

Expense description	Purchase date	Amount

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 Health Care 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. 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.

Plan member signature

Date