

# Wellness 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 Wellness Spending Account (WSA) portion of your group benefits plan. To ensure timely claim processing, please complete the form in full and submit with the original receipts. 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 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. 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