

# Health SolutionsPlus HEALTHY LIVING ACCOUNT

## INSTRUCTIONS

1. Complete part 1 and 2 of this form in full.
2. Sign and date the form.
3. Please retain copies for your files as original receipts will not be returned.
4. Send to the appropriate Benefit Payment Office for your plan. See PART 3.

All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member or a person acting on their behalf when necessary to confirm eligibility and to mutually manage the claims.

### PART 1: PLAN MEMBER'S STATEMENT

Plan Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Plan Member Home Mailing Address \_\_\_\_\_  
STREET CITY/TOWN PROVINCE POSTAL CODE

Group or Plan Name \_\_\_\_\_ Plan Number \_\_\_\_\_ ID Number \_\_\_\_\_

At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to [www.canadalife.com](http://www.canadalife.com).

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

I authorize Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I certify that I am claiming expenses that were incurred by myself or an eligible dependent.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART 2: CLAIM INFORMATION

**Include receipts with your claim for reimbursement. Please indicate (✓) the expense and amount you are claiming.**

#### Type of Eligible Expenses:

- ☐ \$ \_\_\_\_\_ Certified Instruction (e.g. personal trainer) or instructed classes at a fitness facility (e.g. aerobics / pilates / cycle / dance)
- ☐ \$ \_\_\_\_\_ Exercise equipment (new or used), repairs and extended warranty
- ☐ \$ \_\_\_\_\_ Weight Management programs (food excluded)
- ☐ \$ \_\_\_\_\_ Vitamins / Minerals / Supplements / Natural Health Products / Herbal remedies
- ☐ \$ \_\_\_\_\_ Alternative healing therapies (e.g. Reiki / Shiatsu Therapists)
- ☐ \$ \_\_\_\_\_ Health / Stress Management programs (e.g. spa / wellness retreats)
- ☐ \$ \_\_\_\_\_ Smoking Cessation programs and products
- ☐ \$ \_\_\_\_\_ Fitness Centre membership fees (Drop in / Monthly / Annual Fee)
- ☐ \$ \_\_\_\_\_ Athletic Facility fees, including Sports and Golf / Country Club fees (receipt must include the name of facility or league)
- ☐ \$ \_\_\_\_\_ Indigenous Health and Wellness (Traditional Indigenous Healers and Elders, traditional medicines like sweetgrass, sage, cedar, tobacco plant, indigenous ceremony fees and supplies such as cloth, sweat lodges, healing circles or smudge kits, Indigenous language courses)
- ☐ \$ \_\_\_\_\_ Other: Please describe \_\_\_\_\_

Total receipts included \_\_\_\_\_ Total Claim \$

**HEALTH SOLUTIONSPUS - HEALTHY LIVING ACCOUNT EXPENSES ARE REIMBURSED AT 100% OF ELIGIBLE EXPENSES, SUBJECT TO AVAILABLE CREDITS. ALL REIMBURSED CLAIMS WILL BE TREATED AS A TAXABLE BENEFIT.**

### PART 3: SUBMITTING YOUR CLAIM

Please send your claim to the Benefits Payment Office below: If blank, please consult your plan administrator for the address.

**Health SolutionsPlus Questions?**  
Call Toll Free: 1.877.883.7072

Winnipeg Benefit Payments  
PO Box 3050 Station Main  
Winnipeg MB R3C 0E6



**Deaf or hard of hearing and require access to a telecommunications relay service?**

Please contact us:  
TTY to Voice: 711  
Voice to TTY: 1-800-855-0511

[www.canadalife.com](http://www.canadalife.com)