

**PROCEDURE:** Complete this form, attach original receipts, sign and send to:

**The Great West Life Assurance Company  
P.O. Box 3050, Winnipeg, Manitoba  
R3C 4E5**

If you have any questions, please contact **Great West Life at 1-800-957-9777.**

**EMPLOYEE INFORMATION:**

Surname	First Name and Initial	Great West Life Identification Number	
Address			Group Number <b>55414</b>
City	Province	Postal Code	Telephone Number

***You must include your original receipts with the completed and signed claim form.***

Please check (4) the item(s) you are claiming.

- Fitness Centre Memberships - monthly or annual dues**
- Instructed Fitness Classes – drop in, monthly, or annual dues**
- Sports Club Fees** (*Your receipt must include the name of the league*)
- Instruction (e.g. personal trainer, etc)**
  
- Stress Management Program** (*Program must include classroom instruction*)
- Smoking Cessation Program** (*Must be prescribed by a physician*)
- Weight Management Program** (*Program costs only; excludes food or supplements*)
- Alternative Healing Treatments/Therapies** (*Treatments and therapies that are not covered under the core account or through the Health Spending Account – e.g. stress management programs, light therapy, laser puncture, hydrotherapy, etc.*)
  
- Home Fitness equipment and repairs - New and Used -** (*e.g. treadmills, weights, etc.*)

**Total claimed**      \$

**PLAN EXCLUSIONS**

1. Any services provided by a family member.
2. Claims for spouse or dependents
3. Clubs where the singular focus is not physical activity.

I certify that the information contained in this and other documents supporting this claim are true, full and complete. By submitting this form, I understand that I am requesting payment be made for the above expenses, in accordance with my Wellness Spending Account claim guidelines.

I acknowledge and agree that to ensure my personal information record is accurate and complete, I shall promptly notify Great West Life of any error or change in my personal information. I understand that my personal information will be kept confidential and secure. Great West Life recognizes and respects the importance of privacy. Personal information that Great West Life collects will be used for the purpose of assessing your claim and administering the group benefit plans.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_