



EMPLOYEE INFORMATION

Last Name		First Name and Initial		Alberta Blue Cross ID number	
Address				Group Number	Section
City	Province	Postal Code	Telephone Number		

CLAIMING INFORMATION (please check the item(s) you are claiming)

Wellness health support

- Wellness related programs (*stress management, nutrition counselling, weight management*) \$ _____
- Alternative healing treatments/therapies (not covered through core or HSA) (*Such as light therapy, hydrotherapy, etc.*) \$ _____
- All workplace wellness programs provided by Covenant Health \$ _____
- Professional health assessment \$ _____

Fitness and sports activity

- Fitness centre memberships \$ _____
- Sports league membership fees (*hockey, curling, soccer, etc.*) \$ _____
- Instructed fitness classes (*drop in, monthly or annual*) \$ _____
- Fitness and exercise videos, DVDs, CDs, books, Wii Fit and Wii Active \$ _____
- Certified instruction (*Such as personal trainer fees, ski lessons, dance lessons, tennis lessons, etc.*) \$ _____
- Registration fees for athletic fitness events \$ _____

Fitness and sports equipment

- Sports equipment for physical activity (*hockey equipment, helmets, tennis racquets, bicycles, etc.*) \$ _____
- Home exercise equipment (*new and used*)
NOTE: If used, please contact your Benefit Representative \$ _____
- Athletic footwear (*one pair per calendar year*) \$ _____

Professional development

- Courses, seminars, conferences, classes and/or tuition fees Start date: _____ \$ _____
- Professional books, journals, subscriptions, texts for courses, conferences, seminars, classes \$ _____
- Professional licensing fees (including voluntary) Licensing year: _____ \$ _____

Professional development travel

- Accommodation and travel expenses (*according to Covenant Health's policy*) \$ _____



<input type="checkbox"/> Computer Products	
<input type="checkbox"/> Internet services (<i>Registered in employee's name</i>)	\$ _____
<input type="checkbox"/> New computer and related hardware	\$ _____
<input type="checkbox"/> Standard business software and upgrades	\$ _____
<input type="checkbox"/> Repairs	\$ _____
<input type="checkbox"/> Business related software	\$ _____

<input type="checkbox"/> Mobile Digital Communication (when used in a professional capacity)	
<input type="checkbox"/> Cell Phone	\$ _____
<input type="checkbox"/> Blackberry	\$ _____
<input type="checkbox"/> PDA	\$ _____

<input type="checkbox"/> Dependent care	
<input type="checkbox"/> Child care	\$ _____
<input type="checkbox"/> Dependent care (<i>Such as friendly visiting, home care, nursing care, etc</i>)	\$ _____
<input type="checkbox"/> Elder care	\$ _____
<input type="checkbox"/> Respite care	\$ _____

Total claimed (Please ensure a copy of relevant receipts are attached)	\$ _____
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Exclusions

- Any services provided by a family member
- Claims for spouse or dependents (all receipts must be in the **employee's name**)
- Clubs where the singular focus is not physical activity
- Clothing, strictly recreational activities
- Any classroom or correspondence course provided by a non-accredited institution
- Technology that is recreational / non-work related (computer games, camera, etc)
- Supplies (paper, toner, cartridge, etc)

By submitting this claim for processing and payment by Alberta Blue Cross, and in consideration of Alberta Blue Cross processing/paying this claim, I consent and/or agree to/with the following provisions:

- I request payment be made for the above expenses, in accordance with my Wellness Spending Account, as set out by my employer.
- All information contained in this claim and any supporting documents is complete and true.
- All personal information contained in this claim, as well as other personal information currently held or collected in the future by Alberta Blue Cross, will be used by Alberta Blue Cross only to determine eligibility for benefits, to assess/pay claims, to administer the terms of my Wellness Spending Account and to verify/audit paid claims.
- I understand Alberta Blue Cross will keep all personal information confidential and secure.
- I am authorized by my spouse and/or eligible adult dependent(s) (if applicable) to disclose and receive information about them that is used solely for these purposes.
- For the purpose of verifying/auditing paid claims, I will co-operate fully with Alberta Blue Cross.
- I understand why the personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its use as described above.
- I understand that I may revoke this consent at any time and acknowledge that should I do so, this claim may not be considered.
- I have read and understood this Employee Consent and Declaration and understand that Alberta Blue Cross is relying on this signed consent and declaration when assessing (and paying) this claim.
- I authorize Alberta Blue Cross to collect, use and disclose my and my spouse/dependent's personal information as described above.
- I agree that this consent and declaration shall be effective from the date of claim and shall remain in effect as long as the coverage is in force.

I hereby acknowledge that it is my responsibility to ensure that my claim adheres to the requirements of my Flexible Benefit Program, as set out by my employer. I certify that this claim is made only for allowed expenses incurred by me and/or my spouse/eligible dependent(s).

Employee signature: _____ Date: _____

**Please complete this form, sign and send it to: Alberta Blue Cross, 10009 – 108 Street, Edmonton AB T5J 3C5
Please direct all claims / account inquiries to Alberta Blue Cross Customer Services at:
780-498-8000 or 1-800-661-6995**