



**Flexible Benefit Program  
Exempt Employees**

Taxable Claim Form

Wellness/Technology/Education/Family Care

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

**Alberta Blue Cross  
10009 – 108 Street, NW  
Edmonton, Alberta  
T5J 3C5**

If you have any questions, please contact **Alberta Blue Cross at 498-8000.**

**EMPLOYEE INFORMATION:**

Surname	First Name and Initial		Alberta Blue Cross ID#
Address			Group Number
City	Province	Postal Code	Telephone Number

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

**Wellness**

- Fitness Centre Membership** - drop-in/monthly /annual- (YMCA, SPA Lady, Kinsmen, Curves, etc.)
- Sports League Membership/Fees** - monthly or annual (hockey, curling, soccer, etc.)
- Sports Equipment** (equipment must be required for a physical activity: athletic footwear – 1 pair per calendar year, helmets, bicycles, hockey equipment, tennis rackets, etc.)
- Instructed Fitness Classes**- drop in/ monthly/ annual- (yoga, spin, pilates, step, Karate, boot camps, etc.)
- Home Exercise Equipment** - new and used – (treadmills, stationary bikes, ellipticals, etc.)
- Fitness and Exercise videos, DVD's CD's and books.**
- Certified Instruction** (e.g. personal trainer, ski lessons, dance lessons, tennis lessons, etc.)
- Wellness Related Programs** (stress management, nutrition counseling, weight management programs, etc.)
- Alternative Healing Treatments/Therapies** (*Treatments and therapies that are not covered under the core account or through the Health Spending Account – e.g light therapy, hydrotherapy, etc.*)
- All workplace wellness programs and services provided by Caritas**

**Exclusions:** *clothing, non-athletic footwear, memberships/fees and/or expenses for a family member, nutrition replacements, food and supplements.*

**Education and Technology**

- o **Fees for a course, seminar, conference, class, journals, books and publications**
- o **Accommodation and Travel** (costs associated with travel will be reimbursed according to Covenant Health's (Caritas) policy)
- o **Professional Licensing Fees**
- o **Internet Services**
- o **New computer and related hardware** (DVD burner, power bar, scanner, printer, maintenance, repairs, upgrades, extended warranty, etc.)
- o **Blackberry and iphone** (must be used for professional use)
- o **Standard business software and up-grades**

***Exclusions: Supplies (paper, toner/cartridge, etc.) and recreational/non-work related items (camera, computer games, etc.). Courses, seminars, conferences or classes provided by a non-accredited institution or for personal development.***

**Family Care** - Expenses must be paid for by the employee for the care/concern of a dependent (child, spouse, parent, etc.)

- o **Day Care, Day Home Fees or Nanny Expenses** (childcare only)
- o **Dependent Care Expenses** (friendly visiting, home care, nursing care, homemaking, accommodation assistance, etc.)

**Exclusions: services provided by a family member, costs related to after school care activities (field trips, children's camps) and registration or finder fees.**

**PLAN EXCLUSIONS**

- 1. *Any services provided by a family member.*
- 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. Receipts that do not specify my name are for me and 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 Alberta Blue Cross of any error or change in my personal information. I understand that my personal information will be kept confidential and secure.

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

\_\_\_\_\_  
DATE