



**Covenant  
Health**

**HSAA**  
**Wellness, Professional Development  
and Dependent Care**

**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)

<input type="checkbox"/> <b>Wellness health support</b>	
<input type="checkbox"/> Wellness related programs	\$ _____
<input type="checkbox"/> Alternative healing treatments/therapies	\$ _____
<input type="checkbox"/> All workplace wellness programs provided by employer	\$ _____
<input type="checkbox"/> Health supplements	\$ _____
<input type="checkbox"/> Professional health assessment	\$ _____

<input type="checkbox"/> <b>Fitness and sports activity</b>	
<input type="checkbox"/> Fitness centre memberships	\$ _____
<input type="checkbox"/> Sports league membership fees	\$ _____
<input type="checkbox"/> Instructed fitness classes	\$ _____
<input type="checkbox"/> Fitness and exercise videos, DVDs, CDs and books	\$ _____
<input type="checkbox"/> Certified instruction	\$ _____
<input type="checkbox"/> Registration fees for athletic fitness events	\$ _____

<input type="checkbox"/> <b>Fitness and sports equipment</b>	
<input type="checkbox"/> Sports equipment	\$ _____
<input type="checkbox"/> Home exercise equipment	\$ _____
<input type="checkbox"/> Athletic footwear	\$ _____

<input type="checkbox"/> <b>Professional development</b>	
<input type="checkbox"/> Courses, seminars, conferences, classes and/or tuition fees	Start date: _____ \$ _____
<input type="checkbox"/> Professional books, journals, subscriptions, texts for courses, conferences, seminars, classes	\$ _____
<input type="checkbox"/> Professional voluntary licensing fees	Licensing year: _____ \$ _____
<input type="checkbox"/> Standard business software	\$ _____



<input type="checkbox"/> Professional development travel	
<input type="checkbox"/> Accommodation and travel expenses	\$ _____

<input type="checkbox"/> Dependent care	
<input type="checkbox"/> Child care	\$ _____
<input type="checkbox"/> Dependent care	\$ _____
<input type="checkbox"/> Elder care	\$ _____
<input type="checkbox"/> Respite care	\$ _____

<b>Total claimed (Please ensure all original receipts are attached)</b>	<b>\$ _____</b>
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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
- Nutritional replacements, food and supplements
- 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 Wellness Spending Account, 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