

Out-Of-Scope Flexible Spending Account Plan Lifestyles Spending Account Claim Form

PLAN MEMBER INFORMATION

First Name:	Last Name:	Benefit ID/ Person ID:
Address:	City:	Province: Postal Code:
Date of Birth: <small>mm/dd/yyyy</small>	Home Phone:	Work Phone:
Preferred Email:	Employer Name:	

CLAIM DETAILS

Date of Expense: <small>mm/dd/yyyy</small>	Type of Expense:	# of Receipts:	Amount of Expense: <small>(total including taxes)</small>	Approved Amount: <small>(3sHealth use only)</small>
TOTALS				

Instructions: Attach all bills and receipts for all expenses and itemize them by providing all the information requested. If you have submitted your claim previously through your benefit plan or your spouse's benefit plan, provide a copy of the Explanation of Benefits provided by the carrier.

Note: All submitted receipts are part of our records and will not be returned.

Important: Please complete all sections. This claim cannot be processed if it is incomplete or if it contains errors.

SIGNATURE

I understand these benefits are subject to the terms of the Out-of-Scope Flexible Spending Account Plan, as applicable, sponsored by the Health Shared Services Saskatchewan (3sHealth).

By signing this Claim Form, I agree that the information provided is complete and accurate. I understand that 3sHealth may request additional information in order to adjudicate my claim appropriately. I certify that all expenses have been incurred by me, the Employee in the appropriate benefit year.

Your Signature:	Date Signed: <small>mm/dd/yyyy</small>
-----------------	---

3sHealth Employee Benefits is committed to protecting the privacy of your personal information. We collect and use your personal information to determine your eligibility for coverage and to administer the benefit plans. We limit access to your personal information to 3sHealth Employee Benefits staff, to any third party authorized by 3sHealth who requires it to administer your benefits, to persons to whom you have granted access, and to persons authorized by law.