



Suite 700 Weber Centre,
5555 Calgary Trail,
Edmonton, AB T6H 5P9
Fax: 780-438-5304
Web site: www.asebp.ab.ca

HEALTH SPENDING ACCOUNT

EXPENSE REIMBURSEMENT REQUEST

Please answer all questions to support timely processing of your request.

If you have any questions regarding the collection, use and disclosure of your personal information, please refer to our website at www.asebp.ab.ca or contact our Privacy Officer at 780-438-4545.

Employee's information *(Please print)*

Name: _____ ASEBP ID #: _____

Mailing address: _____

Postal code: _____

Phone number: (____) _____ Email *(Optional)*: _____

School jurisdiction/Employer: _____

Date of birth

Y	Y	Y	Y	M	M	D	D
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Expense details

Provide description of expense	Service date (YYYY/MM/DD)	Name <i>(person incurring expense)</i>	HSA expense amount
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____

Declaration

- I declare that I have met the eligibility requirements for the above listed medical expenses and dependents as defined by Canada Revenue Agency (CRA) under the federal *Income Tax Act*.
- I declare that the expense amount(s) listed above will not be reimbursed from any other source and are my out-of-pocket expenses.
- I understand that Alberta School Employee Benefit Plan (ASEBP) may require proof of these expenses and that I must provide documentation (i.e. original receipts and Explanation of Benefit statements) upon request.

Consent for collection, use and disclosure of personal information

In order to administer your Health Spending Account (HSA), Alberta School Employee Benefit Plan (ASEBP) will have to collect the above personal information for you or any of your dependents claiming reimbursement under this plan. This personal information is necessary to administer your HSA and to properly adjudicate your request for reimbursement under your HSA. It may be necessary for ASEBP to disclose some or all personal information to its staff and any consultants hired by ASEBP for these purposes.

I represent to ASEBP that I have been authorized by all dependents for whom coverage is applied for through me to consent on their behalf to the collection, use and disclosure of their personal information for the above purposes within provisions of the relevant privacy legislation.

I may revoke my consent at any time and acknowledge that should I do so, my request for reimbursement may not be considered.

I understand why the information is required and am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I agree to the above and declare that my statements in this expense reimbursement request are complete, accurate and true.

Employee signature: _____ Date: _____

HSA Expense Reimbursement Requirements

Use this form to request reimbursement for:

- the portion of eligible health-related expenses not payable from provincial health care and/or group health and dental benefit plans (e.g. Extended Health Care, Dental, Vision). Submit only the portion that you are actually out of pocket for and for which you wish to claim reimbursement from your HSA
- eligible health-related expenses not covered at all by provincial health care and/or group health and dental benefit plans and for which you are out of pocket

Your HSA can be used to reimburse you for eligible health-related expenses incurred by you and/or your dependents who qualify under Canada Revenue Agency's (CRA) definition of eligible dependents for tax purposes.

Eligible expenses

Expenses must be eligible as a medical expense under the federal *Income Tax Act* and Canada Revenue Agency (CRA) rules and regulations. Normally, if a health-related expense is eligible through a group health and dental benefit plan, it will be eligible under your HSA. It is your responsibility to ensure expenses are eligible under CRA rules and regulations.

CRA maintains a general list of expenses that are eligible at:

www.cra-arc.gc.ca/tax/individuals/topics/income-tax/return/completing/deductions/lines300-350/330/allowable-e.html

A representative sample of eligible expenses also appears on the ASEBP website at www.asebp.ab.ca/hsa_eligible_expenses.html

When submitting...

- Be sure every potential payer (provincial health care and/or group health and dental benefit plans) has paid their share **before** submitting the remainder to your HSA. Submit only the amount you are actually out of pocket for.
- HSA *Expense Reimbursement Request* form must be signed by the employee with the HSA (not spouse or dependent)
- Do not submit receipts or Explanation of Benefits with your expense reimbursement request. You must retain them as you will be required to produce them if ASEBP requests them at a later date to verify submitted expenses.

Submission deadline

HSA reimbursement requests for expenses incurred during the HSA plan year can be submitted anytime during the HSA plan year but in any event must be in ASEBP's possession no later than 60 days following the end of the HSA plan year. This deadline also applies when on a leave of absence of 30 days or more without pay. In the case of termination of employment or retirement, expense reimbursement requests must be in ASEBP's possession no later than 60 days following the applicable event.

Reimbursements are normally made within 30 days of the end of each quarter of the plan year.

Mail or drop off completed forms to:

Alberta School Employee Benefit Plan
Suite 700 Weber Centre
5555 Calgary Trail
Edmonton AB T6H 5P9

Fax: 780-438-5304

For more information

Consult the ASEBP website at www.asebp.ab.ca or contact a Benefit Specialist at 780-431-4786 (Edmonton and area), toll-free at 1-877-431-4786 or by e-mail at benefits@asebp.ab.ca.

IMPORTANT: Retain all documentation i.e. original receipts and/or Explanation of Benefits statements as you may be required to provide them at a later date as proof of the expenses submitted.