

# Personal Spending Account



- Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.
- Please print clearly and be sure to complete all sections of your Personal Spending Account claim form.
- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign Section 4 and mail your claim to the address at the end of this form.

**Questions?** Please visit [www.sunlife.ca](http://www.sunlife.ca) or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

## 1 Information about you

Be sure to fully complete this section.

Contract number <b>151207</b>		Member ID number		Your plan sponsor/employer <b>Calgary Board of Education</b>	
Your last name		First name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy-mm-dd)
Your address (street number and name)			Apartment or suite	City	
Province	Postal code	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		Daytime phone number	

## 2 Information about your claim

List the names of all persons for whom you're claiming expenses. Add up all the receipts and insert the total amount claimed.

Person for whom you are making the claim	Date of birth (yyyy-mm-dd)	Relationship to you	Amount claimed
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
Claimant last name	Claimant first name		\$
			<b>Total claimed</b>
			\$

## 3 Details of claims

Ensure each receipt clearly indicates the type of expense being claimed.

Attach original receipts or if this claim has been submitted under another plan, attach the original claim statement from the plan and copies of the receipts.

	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> fitness club or gym memberships		\$
<input type="checkbox"/> registration fees for fitness-related programs, lessons or courses (such as aerobics, yoga, dance and martial arts)		\$
<input type="checkbox"/> registration fees for virtual fitness classes		\$
<input type="checkbox"/> sports team memberships and registration fees		\$
<input type="checkbox"/> annual memberships or daily passes to athletic facilities (such as access to golf courses, racquet clubs and ski hills)		\$
<input type="checkbox"/> personal trainers, fitness consultants, lifestyle consultants and exercise physiologists		\$

### 3 Details of claims (continued)

	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> registration fees for fitness-related events (such as walks, runs and races)	_____	\$ _____
<input type="checkbox"/> recreational activity fees (such as boating fees, camping fees and trail passes)	_____	\$ _____
<input type="checkbox"/> fees for athletic facilities and equipment rental costs	_____	\$ _____
<input type="checkbox"/> fitness-related apps, software and programs	_____	\$ _____
<input type="checkbox"/> hunting and fishing licenses	_____	\$ _____
<b>Fitness equipment</b>		
<input type="checkbox"/> purchase or rental of exercise equipment (such as treadmills, exercise bikes, universal gyms and weights)	_____	\$ _____
<input type="checkbox"/> specialized sports equipment (such as skates, bikes, nonmotorized boats, rackets and clubs)	_____	\$ _____
<input type="checkbox"/> fishing gear and supplies, camping gear, tents and sleeping bags	_____	\$ _____
<input type="checkbox"/> jogging or cycling strollers	_____	\$ _____
<input type="checkbox"/> specialized athletic footwear (such as running shoes, golf shoes and swim fins)	_____	\$ _____
<input type="checkbox"/> fitness related apparel (such as running jackets, cycling shorts and swim caps)	_____	\$ _____
<input type="checkbox"/> athletic safety equipment (such as helmets, eye protection and mouth guards)	_____	\$ _____
<input type="checkbox"/> fitness tracking tools (including watches) and heart-rate monitors	_____	\$ _____
<input type="checkbox"/> fitness consoles and accessories, DVDs and downloadable work-out videos	_____	\$ _____
<b>Health products and services</b>		
<input type="checkbox"/> weight management programs (excluding food)	_____	\$ _____
<input type="checkbox"/> nutrition programs and counselling	_____	\$ _____
<input type="checkbox"/> cholesterol and hypertension screening	_____	\$ _____
<input type="checkbox"/> smoking cessation programs and products	_____	\$ _____
<input type="checkbox"/> services provided by iridologists, herbalists, Chinese medical practitioners and acupressurists	_____	\$ _____
<input type="checkbox"/> other alternative wellness services (such as Reiki, Rolfing and light therapy)	_____	\$ _____
<input type="checkbox"/> stress management programs	_____	\$ _____
<input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training	_____	\$ _____
<input type="checkbox"/> health, fitness or lifestyle assessments	_____	\$ _____
<input type="checkbox"/> maternity services and accessories such as doulas, midwives and classes	_____	\$ _____
<input type="checkbox"/> vitamins and supplements, including herbal products	_____	\$ _____
<input type="checkbox"/> sleeping aids (such as orthopaedic mattresses and pillows, darkening blinds, white noise machines and ear plugs)	_____	\$ _____
<input type="checkbox"/> Medical alert products and services	_____	\$ _____
<input type="checkbox"/> personal care items (such as heating pads, thermometers, sunscreen, teeth whitening kits and denture products)	_____	\$ _____
<input type="checkbox"/> life coach services or fees for spiritual or wellness retreats (excludes the cost of travel and accommodations)	_____	\$ _____
<input type="checkbox"/> cosmetic procedures (such as Botox, dermabrasion and tattoo removal)	_____	\$ _____
<input type="checkbox"/> health-related apps, software and programs	_____	\$ _____

### 3 Details of claims (continued)

	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> day-spa services (such as baths, saunas and aesthetic treatments)	_____	\$ _____
<b>Insurance premiums</b>		
<input type="checkbox"/> Life and Critical Illness insurance premiums, as well as Long Term Care facility premiums	_____	\$ _____
<input type="checkbox"/> pet insurance premiums	_____	\$ _____
<b>Work-life balance</b>		
<input type="checkbox"/> child-care expenses	_____	\$ _____
<input type="checkbox"/> elder-care expenses	_____	\$ _____
<input type="checkbox"/> pet-care services (such as kenneling, obedience training, dog walking and veterinarian fees)	_____	\$ _____
<input type="checkbox"/> domestic services (such as house cleaning, snow removal, landscaping and moving services)	_____	\$ _____
<input type="checkbox"/> Food delivery services	_____	\$ _____
<input type="checkbox"/> intelligent personal assistant (IPA) devices	_____	\$ _____
<b>Safety initiatives</b>		
<input type="checkbox"/> baby safety equipment	_____	\$ _____
<input type="checkbox"/> first aid products (such as bandages, Automated External Defibrillators (AED) and disinfectant)	_____	\$ _____
<input type="checkbox"/> smoke alarms, carbon monoxide (CO) detectors, fire extinguishers and fire escape ladders	_____	\$ _____
<input type="checkbox"/> Personal Protective Equipment (PPE), including fees for sanitation, gloves, masks and hand sanitizer, purchased for personal use	_____	\$ _____
<input type="checkbox"/> personal protective gear (such as safety boots, eye protection and safety gloves)	_____	\$ _____
<input type="checkbox"/> life jackets, bear spray, rescue equipment and avalanche kits	_____	\$ _____
<input type="checkbox"/> home security systems and associated fees	_____	\$ _____
<b>Are you attaching receipts for out-of-Canada expenses?</b>		
Ensure the currency and amount are clearly marked on each receipt. We'll process your claim and convert the eligible expenses to Canadian dollars as of the date of processing.		<input type="checkbox"/> No <input type="checkbox"/> Yes

## 4 Authorization and signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this Personal Spending Account, we may check the accuracy of the information given in support of your claim.

I certify that all goods or services being claimed have been received by me, and if applicable, my spouse and/or dependents. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan. I certify that these expenses qualify for reimbursement under my Personal Spending Account.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information about me, and if applicable, my spouse and/or dependents, needed for administration and processing claims under this Personal Spending Account with any other person or organization who has relevant information pertaining to this claim. I understand that information pertaining to this claim may be reviewed in the event this Personal Spending Account plan is audited.

I certify that the persons for whom I am making a claim are eligible and include myself, my spouse and my dependents as defined for this coverage. I understand that I am responsible for the outcome of any tax consequences that may arise from being reimbursed for these expenses. I also understand that my plan sponsor may have access to an itemized listing of claims submitted by me under my Personal Spending Account for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of administration and processing claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada to disclose information about their claims to me, for the purposes of processing a claim, if any and managing my Personal Spending Account.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Member's signature X	Date (yyyy-mm-dd)
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## Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

## Mailing instructions – keep a copy of your claim form and receipts for your records

Mail your completed form and supporting documents to the claims office nearest you.

Sun Life Assurance Company  
of Canada  
PO Box 11658 Stn CV  
Montreal QC H3C 6C1

Sun Life Assurance Company  
of Canada  
PO Box 2010 Stn Waterloo  
Waterloo ON N2J 0A6