



SHEET METAL WORKERS'
INTERNATIONAL ASSOCIATION
Local Union No. 276 - C.L.C., A.F.L./C.I.O.

UNIT #302-791 GOLDSTREAM AVE, VICTORIA, B.C. V9B 2X5 TELEPHONE: (250) 727-3458 FAX: (250) 727-7154 1-800-448-4177 (IN B.C. ONLY)

HEALTH SPENDING CLAIM FORM 2022

| NAME | TYPE OF EXPENSE | DATE OF PURCHASE | AMOUNT PAID | OFFICE USE ONLY | |
|------|-----------------|------------------|-------------|-------------------|-----------------------|
| | | | | AMOUNT PD BY PLAN | UNPAID BALANCE OF HSA |
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| | | | | Approved: _____ | |

_____ **MEMBER NAME (PRINT)**

_____ **MEMBER SIGNATURE**

_____ **DATE**

CHECKLIST – MAIL or DROP OFF in the metal mailbox by back doors of Union hall.

Original receipts (photocopies only accepted if original sent to Blue Cross) must indicate: Patients name, date of purchase, type of purchase, amount of purchase (debit or credit card receipts will not be accepted)

All claims must be accompanied with a copy of your Pacific Blue Cross details, **Statement of Benefits** (this shows what PBC has covered)

Expenses claimed under your Health Spending Account must be eligible as **Medical Expenses** in accordance with the **Income Tax Act** (search “CRA medical expenses”)

Submitted before **January 31, 2023**

Health spending amount for 2022: \$450 (of which \$250 can be used for CSA workboots)

YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THE CLAIM FORM, INCOMPLETE FORMS CANNOT BE PROCESSED