



**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 2023

NAME	TYPE OF EXPENSE	DATE OF PURCHASE	AMOUNT PAID	OFFICE USE ONLY	
				AMOUNT PD BY PLAN	UNPAID BALANCE OF HSA
				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, 2024**

**Health spending amount for 2023: \$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**