



**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 2024

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 **December 31, 2024**

Health spending amount for 2024: \$450 (of which \$250 can be used for CSA workboots)

**YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THE CLAIM FORM, INCOMPLETE FORMS CAN NOT BE PROCESSED**