

Office use only
Amount reimbursed.



LOCAL 276

Health Spending & Boot Claim Form

Claim amount for 2025: \$1000

Due: December 31, 2025

MUST be on Pacific Blue Cross (PBC) benefits for a minimum of **3 months** to qualify for this Benefit.

You **MUST** provide all information requested on the claim form (see below), incomplete forms will not be processed for payment.

Boot notes:

- **MUST** be CSA approved
- Original receipts **MUST** be included for Boot reimbursement (no photocopies)

Health Spending notes:

- Receipts **MUST** indicate: Patients' name, date of purchase, type of purchase, amount of purchase (debit or credit card receipts alone will **not** be accepted)
- All claims **MUST** be accompanied with a copy of your PBC details, Statement of Benefits (this shows what PBC has covered/not 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"
- Receipts **MUST** be received in our office no later than **Dec 31st, 2025**
- Mail or drop off receipts and claim forms at the union hall
- Reviewed yearly, subject to change

Your Name	Type of expense	Date of purchase	Amount Paid	<i>Approved by (Office use only)</i>

Member name (Print): _____ Member Signature: _____

Date: _____