Employee
Health Spending Account
Benefit Claim Form

SURE PATH
GROUP HEALTH

Payment provided through Private Health Service Plan.
Please note the Income Tax Act provides guidelines as to what benefits are allowed under the type of plan.

EMPLOYEE INFORMATION (Please print)

Company Name: _____ **Phone:** _____

Employee Name: _____ **E-mail:** _____

Mailing address: _____
Street **City** **Province** **Postal Code**

Please attach **ORIGINAL** receipts/ invoices and separate all eligible expenses into Health / Vison / Dental categories.

- Photocopies, cash register receipts or credit card receipts can NOT be accepted.
- Paid receipts must include the name of the Doctor, name of patient claiming the expense, date or service and cost.
- If any of these receipts have been submitted to another insurance company, please provide the **Explanation of Benefits (EOB)** with a copy of the original receipts/invoices for the difference to be paid.

*Dental Claims – must include Procedure Code / Name

Name of Patient	**Relationship** to Employee	**Date of Service** (mm/dd/yyyy)	**Health** (Drugs/Massage/ Chiropractor)	**Vision** Receipts	**Dental *** Receipts	**Amount Claimed**
					TOTAL Claim Amount	

_____
Employee Signature

_____
Date

Forward claim form and all **original** receipts to:

SurePath Group Health
30 Davison Drive, Red Deer AB, T4R 2J3

Phone 403-343-7769 TOLL FREE 888-263-4890 FAX 866-441-8422 www.surepathgroup.ca GST#855764668 2019