

Group Benefits Taxable Wellness Spending Account (WSA)

This benefit is for Plan Members only. This form is to be completed by the plan member. Receipts must be attached for all expenses. (Please attach to the back of this form.)

Please retain copies for your files as receipts will not be returned.

1 Plan member information	Plan contract number 87222	Plan member certificate number		
	Plan sponsor Western University			
	Plan member name (first, middle initial, last)		Date of birth (dd/mmm/yyyy)	
	Plan member address (number, street and apt.)	City or town	Province	Postal code
2 Claims confirmation	Total amount of ALL receipts submitted: \$			
	<p>I certify that I have received all goods or services claimed and that the information provided for this claim is true and complete and represent no duplication of claims previously submitted to any plan. I authorize Manulife to collect, use, maintain and disclose personal information relevant to this claim ("Information") for the purposes of determining eligibility, administration of coverage, payment of this claim, Group Benefits plan administration, audit and the assessment, investigation and overall management of this claim ("Purposes"). I authorize any person or organization who has Information relevant to this claim, including health professionals, facilities or providers, club operators, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, and/or its service providers, for the Purposes. I authorize Manulife to disclose to my employer benefit amounts paid from the plan for tax reporting purposes. I understand that eligible expenses reimbursed under the Taxable Wellness Spending Account ("WSA") are defined by my Plan Sponsor and determination for eligibility is wholly within my Plan Sponsors' discretion. I understand that eligible expenses reimbursed under the WSA will be added to my T4, by my employer, as taxable income in the year it's paid. I understand that reimbursement of these expenses represents a taxable benefit to me and I am responsible for payment of any income tax on these amounts. I agree a photocopy or electronic version of this authorization is valid. I understand that Manulife's Privacy Policy and Privacy Information Package are available at www.manulife.ca/planmember, or from my Plan Sponsor.</p>			
Please sign here	Signature of plan member		Date signed (dd/mmm/yyyy)	
	<p>Any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits health file. Access to your Information will be limited to:</p> <ul style="list-style-type: none"> • Manulife employees, representatives and service providers in the performance of their jobs; • persons to whom you have granted access; and • persons authorized by law. <p>You have the right to request access to the personal information in your file, and, where appropriate, to have any inaccurate information corrected.</p>			
3 Mailing instructions	<ul style="list-style-type: none"> • Staple your receipts and, if applicable, your health or dental claim form(s) and insurance carrier's claim statement(s)/explanation of benefit form(s) to the back of the claim form. • Place your completed claim form in an envelope and mail to: <p>MANULIFE GROUP HEALTH CLAIMS PO BOX 1653 WATERLOO ON N2J 4W1</p> 			