



HEALTH SPENDING ACCOUNT EXPENSE REIMBURSEMENT REQUEST

Suite 700 Weber Centre
5555 Calgary Trail
Edmonton | Alberta | T6H 5P9
Phone: 1-877-431-4786
www.asebp.ab.ca

Please answer all questions to support timely processing of your request.

If you have any questions regarding the collection, use and disclosure of your personal information, please refer to our website at www.asebp.ab.ca or contact our Privacy Officer at 780-438-4545.

Employee's information *(Please print)*

Name: _____ ASEBP ID #: _____

Mailing address: _____

Postal code: _____

Date of birth					
YYYY	MM	DD			

Phone number: (____) _____ Email *(Optional)*: _____

School jurisdiction/Employer: _____

Expense details

Provide description of expense

Service date
(YYYY/MM/DD)

Name
(person incurring expense)

HSA expense
amount

_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____
_____	____ / ____ / ____	_____	\$ _____

Declaration

- I declare that I have met the eligibility requirements for the above listed medical expenses and dependents as defined by Canada Revenue Agency (CRA) under the federal *Income Tax Act*.
- I declare that the expense amount(s) listed above will not be reimbursed from any other source and are my out-of-pocket expenses.
- I understand that Alberta School Employee Benefit Plan (ASEBP) may require proof of these expenses and that I must provide documentation (i.e. original receipts and Explanation of Benefit statements) upon request.

Consent for collection, use and disclosure of personal information

I understand that the ASEBP must collect, use, and disclose the personal information contained herein in order to administer the health spending account that I am enrolled in and to deposit payments directly to my bank account.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that should I do so, my request for reimbursement may not be considered.

I understand that by virtue of the provisions of the Personal Information Protection Act of Alberta, my dependents are deemed to consent to the collection, use, and disclosure of their personal information for the purpose of coverage under the health spending account, through me as the applicant.

I agree to the above and declare that my statements in this expense reimbursement request are complete, accurate and true.

Employee signature: _____ Date: _____

HSA Expense Reimbursement Requirements

Use this form to request reimbursement for:

- the portion of eligible health-related expenses not payable from provincial health care and/or group health and dental benefit plans (e.g. Extended Health Care, Dental, Vision). Submit only the portion that you are actually out of pocket for and for which you wish to claim reimbursement from your HSA
- eligible health-related expenses not covered at all by provincial health care and/or group health and dental benefit plans and for which you are out of pocket

Your HSA can be used to reimburse you for eligible health-related expenses incurred by you and/or your dependents who qualify under Canada Revenue Agency's (CRA) definition of eligible dependents for tax purposes.

Eligible expenses

For Group Health/Dental Plan Expenses

If a medical expense qualifies as an eligible claim through a group health, dental or vision care plan, then it is eligible under your HSA. The majority of medical expenses that qualify for an HSA fall under this category.

Other Medical Expenses

Other medical expenses may qualify for your HSA plan.

Since Canada Revenue Agency (CRA) decides what expenses are eligible under an HSA, and since the eligibility of claims is based on personal taxation and health status, ASEBP is not in a position to confirm whether your claims of this nature are allowable under CRA rules and guidelines.

A [list of general expenses](#) that the CRA has deemed eligible can be found online on the CRA website (www.cra-arc.gc.ca).

ASEBP will reject claims for expenses that are non-health related. If your claim is unique in nature and you are unsure whether it is eligible, we advise you to contact your tax advisor.

When submitting...

- Be sure every potential payer (provincial health care and/or group health and dental benefit plans) has paid their share **before** submitting the remainder to your HSA. Submit only the amount you are actually out of pocket for.
- HSA *Expense Reimbursement Request* form must be signed by the employee with the HSA (not spouse or dependent)
- Do not submit receipts or Explanation of Benefits with your expense reimbursement request. You must retain them as you will be required to produce them if ASEBP requests them at a later date to verify submitted expenses.

Submission deadline

HSA reimbursement requests for expenses incurred during the HSA plan year can be submitted anytime during the HSA plan year but in any event must be in ASEBP's possession no later than 60 days following the end of the HSA plan year. This deadline also applies when on a leave of absence of 30 days or more without pay. For an expense made prior to termination of employment or retirement, reimbursement requests must be in ASEBP's possession no later than 60 days following the applicable event.

Reimbursements are normally made within 30 days of the end of each quarter of the plan year.

Mail or drop off completed forms to:

**Alberta School Employee Benefit Plan
Suite 700 Weber Centre
5555 Calgary Trail
Edmonton AB T6H 5P9**

Fax: 780-438-5304

For more information

Consult the ASEBP website at www.asebp.ab.ca or contact a Benefit Specialist at 780-431-4786 (Edmonton and area), toll-free at 1-877-431-4786 or by e-mail at benefits@asebp.ab.ca.

IMPORTANT: Retain all documentation (i.e. original receipts and/or Explanation of Benefits statements) as you may be required to provide them at a later date as proof of the expenses submitted.