

# Personal Spending Account



- Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.
- Please print clearly and be sure to complete all sections of your Personal Spending Account claim form.

- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign Section 3 and mail your claim to the address at the end of this form.

**Questions?** Please visit [www.sunlife.ca](http://www.sunlife.ca) or call our toll-free number 1-866-896-6976 Monday - Friday, 8 a.m. - 8 p.m. ET

## 1 Information about you

Be sure to fully complete this section.

Contract number <b>151740</b>		Member ID number		Your plan sponsor/employer <b>University of Regina</b>	
Your last name			First name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Your address (street number and name)		Apartment or suite		Date of birth (yyyy-mm-dd) - -	
Province		Postal code		Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
				Daytime phone number - -	

## 2 Details of claims

Ensure each receipt clearly indicates the type of expense being claimed.

Attach original receipts or if this claim has been submitted under another plan, attach the original claim statement from the plan and copies of the receipts.

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<b>Fitness-related services</b>			
<input type="checkbox"/> fitness club memberships	_____	- -	\$ _____
<input type="checkbox"/> registration fees for fitness-related programs or lessons, such as aerobic classes, yoga, dance lessons and figure skating	_____	- -	\$ _____
<input type="checkbox"/> sports team memberships and registration fees	_____	- -	\$ _____
<input type="checkbox"/> annual memberships, such as golf	_____	- -	\$ _____
<input type="checkbox"/> court fees, green fees, ski passes, lift tickets and race registrations	_____	- -	\$ _____
<input type="checkbox"/> personal trainers, fitness consultants, lifestyle consultants and exercise physiologists	_____	- -	\$ _____
<b>Fitness equipment</b>			
<input type="checkbox"/> durable equipment such as treadmills, exercise bikes and universal gym	_____	- -	\$ _____
<input type="checkbox"/> skates, bicycles, specialized athletic footwear (footwear includes ice skates, baseball cleats, roller blades, curling shoes, hiking shoes/boots, golf shoes/sandals and specialized running shoes not for casual wear), tennis racquets, golf clubs, safety helmets and specialized sports equipment	_____	- -	\$ _____
<input type="checkbox"/> electronic tracking devices (ie. fitbit/fuel band)	_____	- -	\$ _____
<b>Health-related services</b>			
<input type="checkbox"/> weight management programs (excluding food)	_____	- -	\$ _____
<input type="checkbox"/> smoking cessation programs	_____	- -	\$ _____
<input type="checkbox"/> nutrition programs and counselling	_____	- -	\$ _____
<input type="checkbox"/> maternity services (prenatal classes and mid-wife services)	_____	- -	\$ _____
<input type="checkbox"/> services of the following alternative health practitioners: iridologist, herbalist, homeopath, athletic therapist, Chinese medical practitioner, Shiatsu therapist and osteopathic practitioner	_____	- -	\$ _____

## 2 Details of claims (continued)

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> cholesterol and hypertension screening	_____	— —	\$ _____
<input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training	_____	— —	\$ _____
<input type="checkbox"/> health assessments	_____	— —	\$ _____
<input type="checkbox"/> allergy tests	_____	— —	\$ _____
<input type="checkbox"/> vitamins & supplements, including herbal products	_____	— —	\$ _____
<input type="checkbox"/> other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Rolfing, light therapy, hypnosis seminars and sleep assessment	_____	— —	\$ _____
<b>Work-life balance</b>			
<input type="checkbox"/> child care expenses	_____	— —	\$ _____
<input type="checkbox"/> elder care expenses	_____	— —	\$ _____
<b>Professional services</b>			
<input type="checkbox"/> services of professionals for estate planning, financial counselling, tax return preparation and will preparation	_____	— —	\$ _____
<b>Recreation &amp; leisure</b>			
<input type="checkbox"/> fishing rods/reels, camping tents, commercially produced ice fishing structures	_____	— —	\$ _____

### Are you attaching receipts for out-of-Canada expenses?

Ensure the currency and amount are clearly marked on each receipt. We'll process your claim and convert the eligible expenses to Canadian dollars as of the date of processing.

No  Yes

## 3 Authorization and signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this Personal Spending Account, we may check the accuracy of the information given in support of your claim.

I certify that I have received all goods or services being claimed. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan. I certify that these expenses qualify for reimbursement under my Personal Spending Account.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information about me, needed for administration and processing claims under this Personal Spending Account with any other person or organization who has relevant information pertaining to this claim. I understand that information pertaining to this claim may be reviewed in the event this Personal Spending Account plan is audited.

I understand that I am responsible for the outcome of any tax consequences that may arise from being reimbursed for these expenses. I also understand that my plan sponsor may have access to an itemized listing of claims submitted by me under my Personal Spending Account for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Member's signature X	Date (yyyy-mm-dd) — —
-------------------------	--------------------------

### Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

**Mailing instructions** – *keep a copy of your claim form and receipts for your records*

Mail your completed form and supporting documents to the claims office nearest you.

Sun Life Assurance Company of Canada  
PO Box 11658 Stn CV  
Montreal QC H3C 6C1

Sun Life Assurance Company of Canada  
PO Box 2010 Stn Waterloo  
Waterloo ON N2J 0A6