SHEET METAL WORKERS LOCAL UNION 30 WELFARE PLAN
HEALTH CARE SPENDING ACCOUNT
CLAIM SUBMISSION FORM

This form should be used when claiming reimbursement under your Health Care Spending Account for eligible expenses which are not covered (or not covered in full) by your Health or Dental Plan.

Green Shield I.D. #	**Alternate I.D. #**	**Date of Birth** _____/_____/_____ YY MM DD
Surname	**First Name**	
Mailing Address		**Telephone No. ( )**
City	**Province** / **Postal Code**	

Do you have any other Group Insurance coverage that may include these services as benefits? Yes ☐ No ☐

If yes, please provide Insurance Company name _____

Be sure you have first submitted these claims to any provincial health insurance, or any private health care plan you may have (including another Green Shield plan, spousal plan, etc.)

☐ I want my eligible expenses paid from my Sheet Metal Workers Local Union 30 Welfare Plan **first** and any unpaid portions of my eligible expenses paid From my HCSA.

☐ I want all my eligible expenses paid directly from my HCSA.

***NOTE**: If no box has been checked, we will pay claims according to Box 1.*

HEALTH CARE EXPENSES (Please include receipts, prescriptions, etc.)

Description of Expense	Date of Expense	Name	Dependent #	Amount
			Total Amount Claimed	**$**

By signing this claim form and/or submitting actual receipts, I agree that the information provided on this form is complete and accurate. I understand that the information provided by me to Green Shield Canada about myself and my dependents, will be used by Green Shield Canada for claims adjudication and any other services necessary in the administration of our benefits which may include the exchange of information with other parties to administer this benefit claim.

I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I understand that this information may be seen by the cardholder.

Subject to the limitations of Revenue Canada and the rules and regulations of the plan, I hereby authorize Green Shield to charge the above claim to my Health Care Spending Account.

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Signature of Plan Member

Mail this form and enclosures to: Sheet Metal Workers Local Union 30 Welfare Plan
Attention: Health Care Spending Account
45 McIntosh Drive, Markham, ON L3R 8C7

For inquiries contact: Plan Administration Office Toll Free 1-800-263-3564 or 905-946-9700