



SHEET METAL WORKERS LOCAL UNION 30 BENEFIT 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, or your spouse 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 Benefit 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.

Signature of Plan Member

Mail this form and enclosures to:

Sheet Metal Workers Local Union 30 Benefit Plan
Attention: Health Care Spending Account
2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

For inquiries contact:

Plan Administration Office
Toll Free 1-800-263-3564 or 905-946-9700
Email: info@lu30plan.com

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

I consent to the collection, use and disclosure of my personal information ☐ YES ☐ NO

Signature and Consent

Date

Privacy Statement: I authorize the Sheet Metal Workers Local 30 Benefit Plan and the Sheet Metal Workers Local 30 Pension Plan (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.