



1900, 10104 - 103 Ave NW
Edmonton, AB T5J 0H8

**PERSONAL WELLNESS ACCOUNT (PWA)
CLAIM FORM**

Certificate Number/Client ID		Employee Last Name	Employee First Name	Date of Birth (M/D/Y)
Mailing Address		Town	Province	Postal Code

Employer Name	Policy/Group Number	Daytime Phone Number
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Please separate all eligible expenses by claimant and 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. Keep copies for your records.

NOTE: Claims must be mailed. (Faxed or emailed claims will **not** be processed.)

Claim Details – Please refer to your PSA Benefits Booklet for a list of eligible expenses.	Date of Service	Amount Claimed
Total Claim Amount		

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 Strive Insure Inc. 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 related to this claim may be reviewed in the event this Personal Spending Account 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 list of claims submitted by me under the 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.

X	
Employee Signature	Date (MM/DD/YYYY)

Phone: (780) 448-1637 Toll Free: 1-866-444-1637
www.striveinsure.ca