



**UNIT 3**

[www.cupe3904.ca](http://www.cupe3904.ca)

# HEALTH SPENDING ACCOUNT & ENROLLMENT

## 2022 CLAIM FORM

(PLEASE TYPE OR PRINT CLEARLY)

Please include - Original receipts and/ or Explanation of benefits form from primary insurer.

**CLAIMS CANNOT BE PAID WITHOUT THIS DOCUMENTATION**

**Claim Eligibility \$700 per Calendar year.**

**Deadline to apply: December 15, 2022**

LAST or FAMILY NAME  FIRST NAME

HOME PHONE or CELL #  Ryerson

Email address

**Ryerson University Employee I.D.**  **NOTE: This number MUST be shown**

Health claims must be submitted by email to [claims@prosure-group.com](mailto:claims@prosure-group.com).

Any questions please contact Prosure Group Administrators Ltd. Phone: 416 - 609 - 0989 Ex. 5332

**Funds are limited and paid on a first come first serve basis: Receipts must be dated in 2022 & Minimum Claim \$100!**

FOR REIMBURSEMENT CHEQUE - please choose  only one of the following 2 options:

Please mail cheque to me (name above) at my home address below.

**Expense(s) must be incurred in Canada and cheque(s) must be mailed to a Canadian address**

**OR**

Mail directly to medical practitioner. Name and address as per attached valid receipts or address below.

Claimant Information	Name	Date of Birth mm/ day / year	Type of Claims (i.e. Rx Drugs, Vision, Dental, Other)	\$ Amount
SELF - Receipt 1				
SELF - Receipt 2				
SELF - Receipt 3				
SELF - Receipt 4				

**Receipts must be dated in 2022 & Minimum Claim \$100!**

CLAIM ELIGIBILITY: \$700 per Calendar year (NO Dependent coverage)

**TOTAL**

Any questions please contact Prosure Group Administrators Ltd. at:

Phone: 416 - 609 - 0989 Ex. 5332 • FAX: 416 - 609 - 9551 • TOLL FREE: 888 - 556 - 5559 Ex 5332

**Funds are limited and paid on a first come first serve basis.**

**AFTER COMPLETING THE INFORMATION ABOVE PLEASE PRINT then SIGN and DATE**

I submit this claim in the full knowledge that an false information may result in my immediate disqualification from this benefit plan and could result in further legal consequences.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
mm / dd / yyyy