



PERSONAL SPENDING ACCOUNT (PSA) CLAIM SUBMISSION FORM

each person must complete own claim form

Did you know that most claims can be submitted online, and you could receive your claim payment faster with direct deposit?

Go to www.wawanesalife.com for more details

This form should be used when claiming reimbursement under your Personal Spending Account (PSA). This is not a Health Care Spending Account (HCSA) claim form. Please use one form per person.

PLAN MEMBER INFORMATION

PLAN MEMBER ID	EMAIL ADDRESS	
SURNAME	FIRST NAME	
ADDRESS	PHONE NUMBER	
CITY	PROVINCE	POSTAL CODE

Please note expenses will be limited to the benefits specifically outlined under your plan. Please refer to your benefit booklet for coverage details. Benefits provided by your PSA are taxable. Claim will be taxed based on the year the claim was processed and not the year the claim was incurred.

PATIENT'S NAME	DEPENDENT NO. (e.g. WLI1234567-01)	DATE OF BIRTH	RELATIONSHIP TO PLAN MEMBER
		YY MM DD	

CLAIM DETAILS (Please include receipts, prescriptions, etc.)

DESCRIPTION OF EXPENSE	DATE OF EXPENSE	CHARGES \$
TOTAL AMOUNT CLAIMED		\$

AUTHORIZATION AND CONSENT

At Wawanesa Life (“we,” “us” or “our”), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, “you” or “your”), which may include name, age, claims history, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, or for health management purposes or programs; collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of Wawanesa Life, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer’s group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); Wawanesa Life’s third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at www.wawanesalife.com, which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on www.wawanesalife.com. You can contact our Privacy Officer at privacy@wawanesa.com if you have a question or complaint.

By signing below, you are providing your consent to Wawanesa Life’s collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to Wawanesa Life at privacy@wawanesa.com, but, if you do so, Wawanesa Life will no longer be able to administer your benefits plan and process your claims.

Subject to the limitations, rules and regulations of the plan, I hereby authorize Wawanesa Life to charge the above claim to my Personal Spending Account.

Name

Signature

Date

MAILING INSTRUCTIONS

PLEASE ATTACH ALL ORIGINAL DOCUMENTATION and retain copies for your files as original receipts will not be returned.

Mail this form and enclosures to:

THE WAWANESA LIFE INSURANCE COMPANY
Attention: Personal Spending Account
P.O. Box 1699
Windsor, ON N9A 7G6

Please call our Customer Service Centre at 1.800.665.7076 if you require any assistance in completing this form.

The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.