

Taxable Wellness Spending Account (Personal Spending Account)



- Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.
- Please print clearly and be sure to complete all sections of your Taxable Wellness Spending Account claim form.

- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign Section 3 and mail your claim to the address at the end of this form.

Questions? Please visit www.sunlife.ca or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

1 Information about you

Be sure to fully complete this section.

Contract number 151610		Member ID number		Your plan sponsor/employer University of Guelph	
Your last name			First name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Your address (street number and name)				Apartment or suite	City
Province	Postal code	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		Daytime phone number	

2 Details of claims

Ensure each receipt clearly indicates the type of expense being claimed.

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.

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
Fitness-related services			
<input type="checkbox"/>	fitness club memberships	— — —	\$ —
<input type="checkbox"/>	registration fees for fitness-related programs or lessons such as yoga, aerobic classes, dance, swimming, sailing lessons	— — —	\$ —
<input type="checkbox"/>	sports team memberships and registration fees	— — —	\$ —
<input type="checkbox"/>	annual memberships, such as golf, curling, skiing etc.	— — —	\$ —
<input type="checkbox"/>	court fees, green fees, ski passes, lift tickets and race registrations	— — —	\$ —
<input type="checkbox"/>	personal trainers, fitness consultants, lifestyle consultants and exercise physiologists	— — —	\$ —
Fitness equipment			
<input type="checkbox"/>	durable equipment eg: treadmills, exercise bikes and universal gym	— — —	\$ —
<input type="checkbox"/>	sporting equipment, eg: Skates, roller blades, bicycles, athletic footwear, hiking boots, curing equipment, tennis racquets, golf clubs, safety helmets, snow gear, table tennis tables, canoes, kayaks and paddleboards	— — —	\$ —
<input type="checkbox"/>	athletic gear, eg. hiking backpacks, running jackets	— — —	\$ —
<input type="checkbox"/>	heart rate monitors/fitness watches – fitbit, apple watch, fuelband, garmin forerunner	— — —	\$ —
Health-related services			
<input type="checkbox"/>	weight management programs (excluding food)	— — —	\$ —
<input type="checkbox"/>	smoking cessation programs	— — —	\$ —
<input type="checkbox"/>	nutrition programs and counselling	— — —	\$ —
<input type="checkbox"/>	maternity services (prenatal classes and mid-wife services)	— — —	\$ —
<input type="checkbox"/>	alternative health practitioner eg: reflexologist, iridologist, herbalist, homeopath, athletic therapist, Chinese medical practitioner, Shiatsu therapist, osteopathic practitioner, acupressurist	— — —	\$ —
<input type="checkbox"/>	stress management programs	— — —	\$ —

2 Details of claims (continued)

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
<input type="checkbox"/> spiritual/wellness retreats (cost of program but excludes cost of travel & accomodations)	_____	____-____-____	\$ _____
<input type="checkbox"/> cholesterol and hypertension screening	_____	____-____-____	\$ _____
<input type="checkbox"/> health assessments	_____	____-____-____	\$ _____
<input type="checkbox"/> allergy tests	_____	____-____-____	\$ _____
<input type="checkbox"/> vitamins & supplements, including herbal products	_____	____-____-____	\$ _____
<input type="checkbox"/> other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Rolfing and light therapy	_____	____-____-____	\$ _____
Insurance premiums			
<input type="checkbox"/> insurance premiums paid for Critical Illness, Life Insurance and Long Term Care	_____	____-____-____	\$ _____
Work-life balance			
<input type="checkbox"/> child care expenses	_____	____-____-____	\$ _____
<input type="checkbox"/> elder care expenses	_____	____-____-____	\$ _____
Other services			
<input type="checkbox"/> hobby and general interest classes/courses and supplies not related to professional development	_____	____-____-____	\$ _____
<input type="checkbox"/> services of professionals eg: Lawyers, financial planners, chartered accountants, investment advisors	_____	____-____-____	\$ _____

Are you attaching receipts for out-of-Canada expenses?

Ensure the currency and amount are clearly marked on each receipt. We'll process your claim and convert the eligible expenses to Canadian dollars as of the date of processing.

No Yes

3 Authorization and signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this Taxable Wellness Spending Account, we may check the accuracy of the information given in support of your claim.

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 Taxable Wellness Spending Account.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information about me, needed for administration and processing claims under this Taxable Wellness Spending Account with any other person or organization who has relevant information pertaining to this claim. I understand that information pertaining to this claim may be reviewed in the event this Taxable Wellness Spending Account plan 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 listing of claims submitted by me under my Taxable Wellness 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.

Member's signature X	Date (yyyy-mm-dd) ____-____-____
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Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

Mailing instructions – keep a copy of your claim form and receipts for your records

Email your completed form and supporting documents to myclaims@sunlife.com.

You can mail your completed form and supporting documents to the Sun Life claims office nearest you.

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of Canada
PO Box 11658 Stn CV
Montreal QC H3C 6C1

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