



CLAIM FORM WELLNESS ACCOUNT

P.O. Box 10500, station Sainte-Foy, Quebec QC G1V 4H6

This form must be used for claim related to expenses to wellness activities. A detailed list of amounts eligible can be found in your insurance booklet. You must already have a wellness account under your group insurance contract to use this form.

SECTION 1 - PARTICIPANT INFORMATION

SSQ Certificate No. _____

Last Name	First Name
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Address _____

Town/City	Province	Postal Code	Telephone Number
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Please note that the admissible fees are limited by the benefits specifically included in your contract. Please consult your brochure for more precisions concerning your coverage. The benefits paid from your wellness account are taxable. The payments will be taxed based on the year the claims were *paid*, not on the year that the expenses were incurred.

SECTION 2 - CLAIM DETAIL

Brief description of claimed fees: _____

SECTION 3 - AUTHORIZATION

I declare the above information to be complete and accurate. I understand that the information I have provided will be used by SSQ, Life Insurance Company Inc. to adjudicate my claims and that it may be shared with third parties only for the purpose of allowing them to process this claim.

Participant signature: _____ Date: ____/____/____

IMPORTANT

- Send original copies of receipts or invoices and keep copies for your personal records. Originals will not be returned.
- Make sure the receipt or invoice clearly states the date, the nature of the fees and the length (if applicable), the name of the provider or the organization, along with the name of the patient for a membership, enrollment or any other eligible expense.