

HEALTH/DENTAL PLAN RATE REIMBURSEMENT FORM

The portion of rates paid by employees and/or their dependents for a private health or dental plan (excluding Alberta Health Care) are eligible for reimbursement through a Health Spending Account (HSA). Rates for employer-paid benefit portions are *not* eligible.

To apply for reimbursement, please provide the following information and submit this document along with an HSA claim form. Please ensure your employer has authorized the form, as without this signature we are unable to reimburse you.

Please note: If you are requesting reimbursement of health/dental rates paid through your spouse's benefit plan, please have the authorized officer or plan administrator for your spouse's plan complete and sign the employer portion.

EMPLOYEE INFORMATION:			
Last Name	First Name	Telephone Number	
Address			
City	Province	Postal Code	

EMPLOYER INFORMATION:		
The following validates health/dental rates paid by the employee indicated above.		
Extended Health/Dental Plan rates paid by Employee:		
For the period of:	/ /	Amount: \$
_____	To _____	_____
YYYY/MM/DD	YYYY/MM/DD*	
	<i>* this date must be on or before the signature date on the next line.</i>	
Name of authorized officer or plan administrator	Signature of authorized officer or plan administrator	Date
_____	_____	_____
Name of Employer		

Please submit with an HSA claim form for reimbursement to:

Alberta Blue Cross
10009 - 108 Street NW
Edmonton, AB T5J 3C5

If you have any questions, please contact
Customer Services at 1-800-661-6995.