



You may pay less if you submit your health and dental expenses to all other insurance and benefit plans first, and then pay any unpaid portions of these expenses from your health care spending account (HCSA)

Please check the appropriate box below to choose how you want your expenses paid. We will process your claim based on your instructions on this claim form

I want to submit my expenses to CDCS' health plan or dental plan first. I would like any unpaid portions of my expenses paid from my health care spending account.

- Complete a standard CDCS health claim or dental claim form.
Complete all parts of this form.
Staple together all itemized original receipts, original statements, and claim forms.
Mail to the applicable address on the standard CDCS health claim or dental claim form.

I do not want to submit my expenses to CDCS' health plan or dental plan. I would like the entire expense amount paid from my health care spending account.

- Complete all parts of this form.
Circle or highlight the expense and the amount to be paid on each original receipt or original statement.
Staple all receipts and statements to this form.

Table with 6 columns: Patient's name (first and last), Relationship to Employee, Description Of expense, Practitioner, dentist or Supplier name, Date of visits Of purchase (DD, MM, YYYY), Amount to be reimbursed for each expense. Includes a total row at the bottom.

Employee's name (Last, First), Address (Street/Apt.#RR#, City, Province), Date of birth (Day, Month, Year), Sex (Female, Male), Policy/plan no., Member ID, Postal code, Phone no.

I certify that the information given on this form is true, correct and complete to the best of my knowledge. I declare that the dependants for whom expenses are being submitted are dependent on me for maintenance or support as required by the Canada Customs and revenue Agency or the Quebec Taxation Act.

Employee's signature, Date (Day, Month, Year)