

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 Personal 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 150434		Member ID number		Your plan sponsor/employer University of Alberta	
Your last name			First name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Your address (street number and name)		Apartment or suite		Date of birth (yyyy-mm-dd) - -	
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.

	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 aerobic classes, yoga, dance lessons and figure skating	- -	\$
<input type="checkbox"/> sports team memberships and registration fees	- -	\$
<input type="checkbox"/> annual memberships, such as golf	- -	\$
<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 such as treadmills, exercise bikes and universal gym	- -	\$
<input type="checkbox"/> skates, roller blades, bicycles, specialized athletic footwear (excludes running shoes), tennis racquets, golf clubs, safety helmets and specialized sports equipment	- -	\$
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 services of a certified doula)	- -	\$
<input type="checkbox"/> services of the following alternative health practitioners: reflexologist, iridologist, herbalist, homeopath, athletic therapist, Chinese medical practitioner, Shiatsu therapist	- -	\$
<input type="checkbox"/> stress management programs	- -	\$
<input type="checkbox"/> cholesterol and hypertension screening	- -	\$
<input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training	- -	\$
<input type="checkbox"/> health assessments	- -	\$
<input type="checkbox"/> vitamins & supplements, including herbal products	- -	\$
<input type="checkbox"/> other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Rolfing and light therapy	- -	\$

2 Details of claims (continued)

	Date incurred (yyyy-mm-dd)	Amount claimed
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	— —	\$ _____
Educational and personal development		
<input type="checkbox"/> tuition fees for university, college or continuing education (including books and supplies)	— —	\$ _____
<input type="checkbox"/> language training	— —	\$ _____
<input type="checkbox"/> tutoring	— —	\$ _____
<input type="checkbox"/> professional membership fees or dues	— —	\$ _____
<input type="checkbox"/> fees associated with maintaining a professional designation	— —	\$ _____
<input type="checkbox"/> hobby and general interest classes	— —	\$ _____
<input type="checkbox"/> personal computer (e.g., desktop or laptop) and accessories, including internet access fees	— —	\$ _____
<input type="checkbox"/> mobile PDA devices (e.g., cell phone, iPhone, iPad, Blackberry)	— —	\$ _____
Green living		
<input type="checkbox"/> monthly transit passes	— —	\$ _____
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.		
	<input type="checkbox"/> No	<input type="checkbox"/> 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 Personal 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 Personal 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 Personal 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 Personal 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 Personal 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

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

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

Mail your completed form and supporting documents to the claims office nearest you.

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Montreal QC H3C 6C1

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