



innovative  
benefits

**Innovative Benefits Inc.**

435, 450 Ordze Road  
 Sherwood Park, Alberta  
 T8B 0C5  
 Tel: (780) 448-0783  
 Fax: (780) 450-2507  
 e-mail: claims@innovativebenefits.ca

**HSA Claim Form Instructions**

Enclose all original receipts. Keep a copy of the receipts for your records.  
 If coordinating benefits, where this plan is 2<sup>nd</sup> payor, we require a copy of the original receipts and original explanation of benefits (EOB) statement from your other plan. Some pay-direct plans include EOB statements on your original receipt. The Income Tax Act governs benefit eligibility.  
 Reimbursement provided through a Private Health Services Plan

**Employer's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Name**

\_\_\_\_\_  
**Employee's DOB (M/D/Y)**

\_\_\_\_\_  
**Employee's Current Address**

**Please separate all eligible expenses by claimant and attach receipts:**

Name of Patient	Relationship to Employee	Date of Birth (M/D/Y)	Amount of Medical Claim	Amount of Dental Claim
1				
2				
3				
4				
5				
6				
7				
8				

**Total Claim Amount:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**