Innovative Benefits Inc.
435, 450 Ordze Road
Sherwood Park, Alberta
T8B 0C5
Tel: (780) 448-0783
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HSA Claim Form Instructions

Enclose all original receipts. Keep a copy of the receipts for your records. If coordinating benefits, where this plan is 2nd 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: ______________________________________

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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 (D/M/Y)	Amount of Medical Claim	Amount of Dental Claim
1				
2				
3				
4				
5				
6				
7				
8				

Total Claim Amount: ____________________

______________________ ______________

Signature of Employee **Date**