PERSONAL SPENDING ACCOUNT CLAIM FORM

Submit your claim to MDM Insurance Services Inc. by
mail: PO Box 970, Guelph, ON, N1H 6N1
fax: (519) 836 - 4909
email: inquiry@mdm-insurance.com

All statements must be completed or this form may be returned.

Expenses must be submitted within the timeline outlined by your PSA in order to be considered for reimbursement.

Please ensure that your name and a full description of the item or service purchased appears on all receipts. Receipts will not be returned.

EMPLOYEE'S STATEMENT (Print clearly or type)

Name of Employer _____   Group Policy # _____

Employee's Name _____
                          Last   First

Date of Birth _____
                          (YYYY / MM / DD)

Employee's Home
Mailing Address _____
                   No. & Street   City/Town   Province   Postal Code

AUTHORIZATION

I certify that the information contained herein is true, complete, and accurate and that each of the attached expenses was purchased and/or incurred for my personal use. I acknowledge that the submission of false or incomplete information may result in the delay or denial of this claim. I authorize any physician, dentist, or any health care provider and/or facility, any insurance company, benefit service provider, and any other person or organization, having any medical or other relevant personal information regarding me, to release to and exchange with MDM, the group plan administrator, or their representatives and/or agents, any and all information necessary to investigate and confirm the accuracy and validity of this claim, determine eligibility for benefits, and/or administer the claim and group benefit plan.

I understand that expenses for which I am reimbursed under my Personal Spending Account cannot be claimed for Income Tax purposes. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes. I also understand that my plan sponsor may have access to a summary of the total amounts claimed by me under my Personal Spending Account for the purposes of tax or administrative reporting.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Employee Signature _____   Date _____