



# ST. THOMAS MORE COLLEGE

## UNIVERSITY OF SASKATCHEWAN

### Wellness Spending Account Claim Form

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Reimbursement is limited to the list of eligible expenses noted on the plan summary.

- Receipts are to be attached to your claim form and clearly indicate date of purchase, item claimed and total cost. *Original receipts* are required.
- Indicate with a check (✓) the item(s) you are claiming. Multiple items may be claimed on one form.
- Where applicable, receipt must be in employee's name.

<b>Wellness Items for use by Employee</b>
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- Fitness-related services (membership and fitness lessons)
- Fitness equipment/Specialized sporting equipment
- Health-related services
- Spiritual enrichment activities

Total Amount Claimed: (not to exceed maximum benefit amount)    \$

I hereby declare that all information is correct and accurate. My claim adheres to the requirements of the program and I understand that receipts are subject to verification.

\_\_\_\_\_  
**Employee Signature:**

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

Payroll/Benefits Use Only	
Employee#:	Payroll verified:
Wellness Fund Balance:	Date: