



How to Submit Health and Dental Premiums for Health Spending Account (HSA) Reimbursement

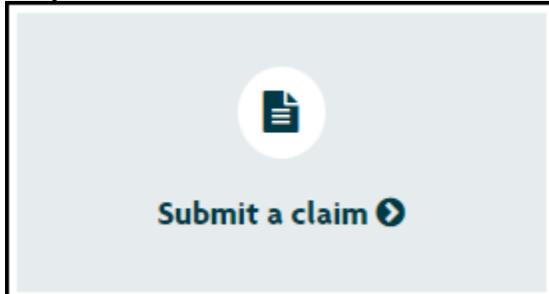
Important: please note that the Health & Dental premiums you see each pay are half a month's premiums. For a full month's premium amount, you must double the amount you see per pay. Monthly premium amounts can be found in the Benefit Summaries, and are currently:

Sun Life Extended Health Care 		
Plan #100602		
<u>Cost/Month</u>	<u>Single</u>	<u>Family</u>
Employee (20%)	\$20.00	\$58.50
University (80%)	\$80.01	\$234.00
Total	\$100.01	\$292.50
Sun Life Dental Plan		
Plan #100602		
<u>Cost/Month</u>	<u>Single</u>	<u>Family</u>
Employee (20%)	\$11.61	\$36.48
University (80%)	\$46.45	\$145.93
Total	\$58.06	\$182.41

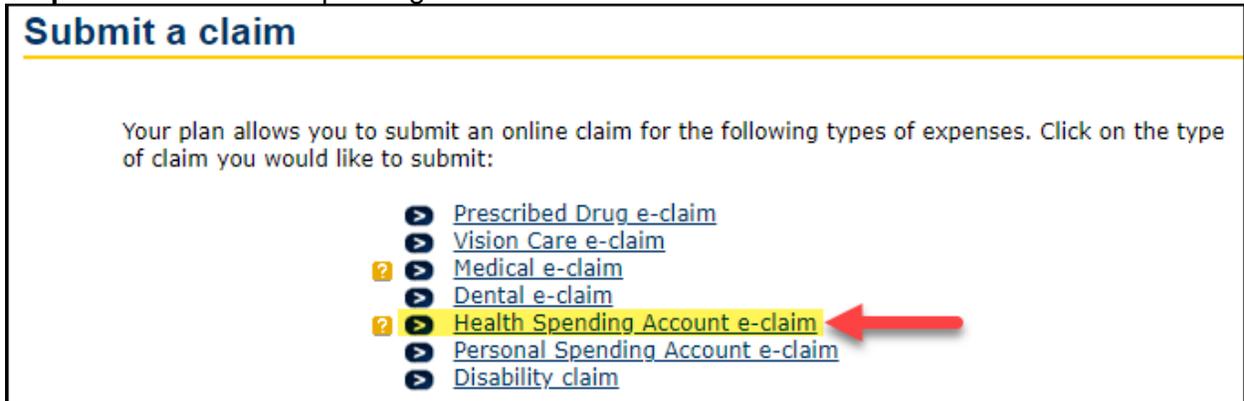
Via the Sun Life Website

Step 1: Login to your Sun Life account.

Step 2: Click on “Submit a claim”.



Step 3: Select “Health Spending Account e-claim”.



Step 4: Scroll down to see your current balances, and select “continue”.



Step 5: You will need to select “I agree” to the Terms & Conditions to move to the next step.

Step 2 of 4

If you accept and agree to the following terms and conditions to submit a claim online, then click I agree to continue.

- **Fraudulent claims are very costly for all participants in benefit plans. As administrator of this plan and for audit and investigative purposes, Sun Life Assurance Company of Canada (“Sun Life”) may check the accuracy of the information given in support of your claim, and if we ask, you agree to send us the original receipts and supporting documents within the time frame requested.**
- Sun Life reserves the right to:
 - remove the online *Submit a Claim* feature and request that you send in a paper claim form with original receipts and supporting documents, and
 - request that you send in the original receipts and/or supporting documents within **12 months** of you submitting your claim online.

 **I agree** **cancel**

Step 6: On this page you must select who you are submitting the claim for. For your Health and Dental premiums, you would select yourself.

Step 3 of 4

Indicate who the claim is for and select continue. If the claim is for someone who is not listed, select 'Other'.

You can use your HSA to pay expenses for family members that are not covered under your medical or dental plan, if they are eligible as dependents on your income tax return. [Read More](#)

The Claim is for:

- On this page, you select who the claim is for (yourself or other dependents).**
-
-

This is a list of who is currently covered under your plan. If you have dependents you would like to add or change, please contact your Benefits Administrator.

 **continue** **cancel**

Step 7: You will need to specify the type of expense you are submitting your claim for. Select the dropdown menu and scroll until you see “Health & Dental Premiums”.

Step 4 of 4

Enter Health Spending Account(HSA) claims information and click continue.

- If there are not enough expense lines, enter the first eight expenses and click **continue**. On the e-Claim Confirmation screen, click **submit another claim** to submit remaining claim(s).
- If a portion of this expense was previously paid under another plan, enter only the portion not previously paid or covered into the HSA Claim amount field.

Read more about the [Health Spending Account](#) and what is considered an eligible expense.

Type of Expense	Service Date dd/mm/yyyy	HSA Claim Amount (xxx.xx)	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Prescription drugs - # on receipt	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Prescription glasses	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Wheelchair - Rental	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>

LICENSED/REGISTERED PRACTITIONER SERVICES			
Acupuncturist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Audiologist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Chiropractor/Podiatrist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Chiropractor	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Clinical Counsellors	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Health & Dental Premiums	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Massage Therapist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Naturopath	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Occupational Therapist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Osteopath	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Physical rehabilitation therapist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Physiotherapist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Psychologist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Speech Therapist	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
Amount Claimed:		\$ 0.00	
			<input type="button" value="continue"/> <input type="button" value="cancel"/>

Under "Type of Expense", scroll until you find "Health & Dental Premiums" option.

Step 8: You need to put in a service date per month of premiums you are claiming. You can use the 1st of the month as the “Service Date”. For example, January 1, February 1, March 1, etc.

Step 4 of 4

Enter Health Spending Account(HSA) claims information and click continue.

- If there are not enough expense lines, enter the first eight expenses and click **continue**. On the e-Claim Confirmation screen, click **submit another claim** to submit remaining claim(s).
- If a portion of this expense was previously paid under another plan, enter only the portion not previously paid or covered into the HSA Claim amount field.

Read more about the [Health Spending Account](#) and what is considered an eligible expense.

Type of Expense	Service Date dd/mm/yyyy	HSA Claim Amount (xxx.xx)
Health & Dental Premiums	01/01/2023	\$
Health & Dental Premiums	01/02/2023	\$
Health & Dental Premiums	01/03/2023	\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Claimed:		\$ 0.00

continue **cancel**

Step 9: On the final page before submitting, you will once again see a summary of your current HSA funds available, as well as a summary of your claims.

Claim Details

Type of Expense	Service Date	HSA Claim Amount
Health & Dental Premiums	01/01/2023	
Health & Dental Premiums	01/02/2023	
Health & Dental Premiums	01/03/2023	
Total Amount Claimed:		

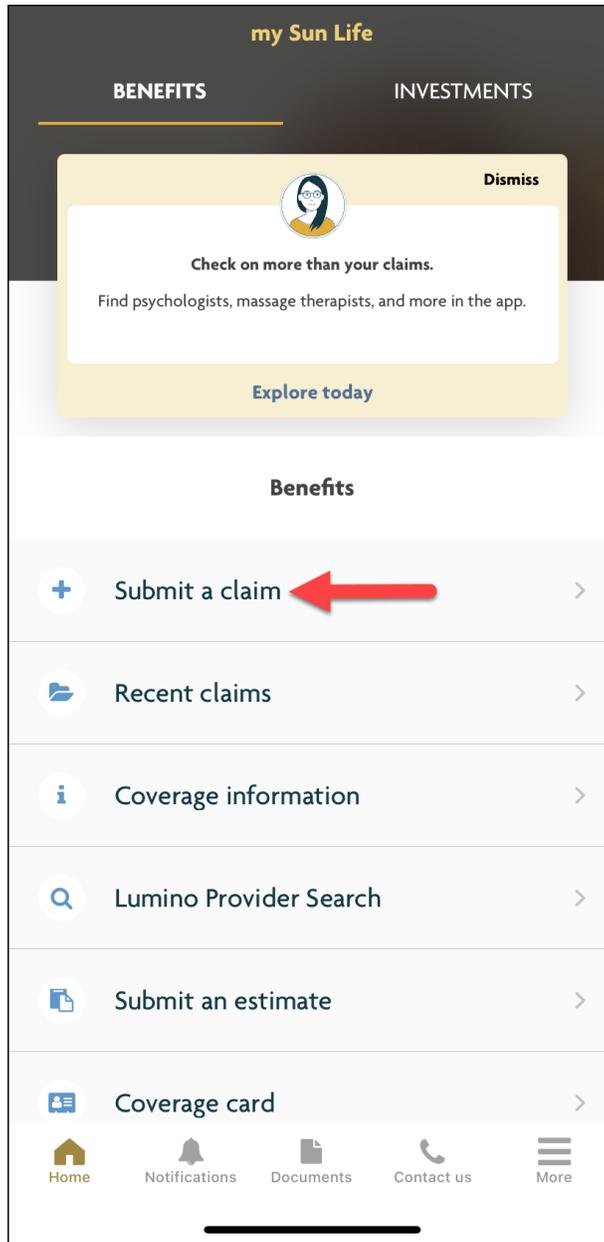
back

Step 10: If all looks good, hit the “submit” button at the bottom of the page, and wait for your reimbursement.

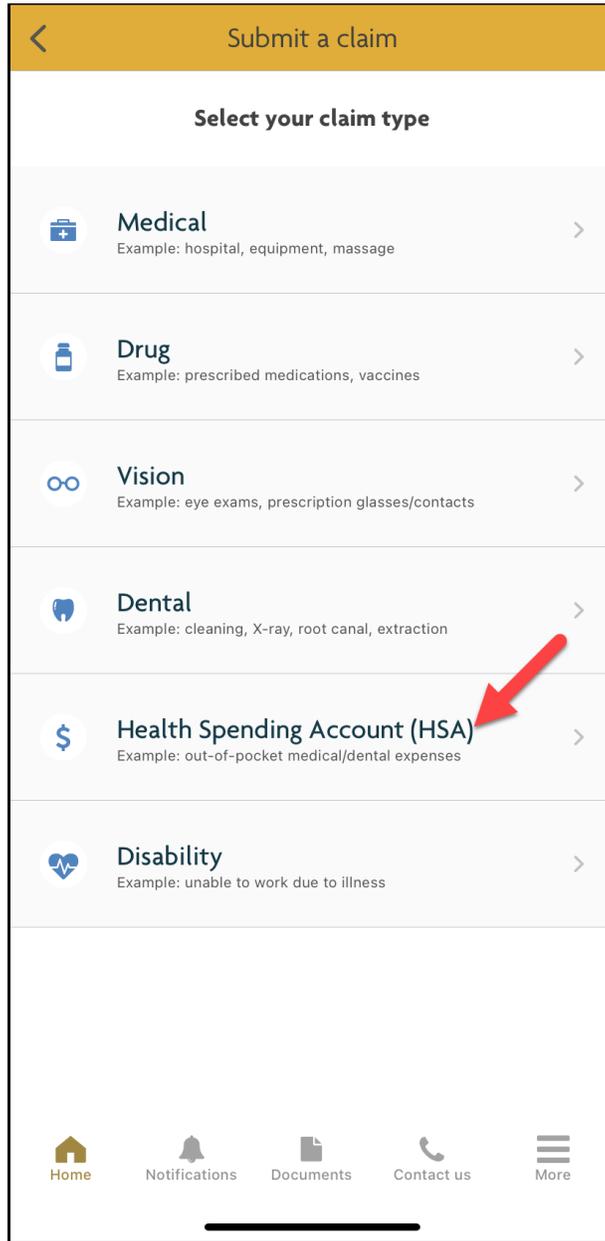
Via the Sun Life Phone App

Step 1: Login to your Sun Life app.

Step Two: You will see different options when you first login. You will want to select “Submit a claim”.



Step Three: You need to select the type of claim you are submitting (Health Spending Account (HSA)).



Step Four: You will have a summary of your current HSA funds available to you.

The screenshot shows a mobile application interface for creating a new HSA claim. At the top, there is a header with a back arrow and the text "New HSA claim". Below the header is a progress indicator consisting of a horizontal line with three dots, the first of which is highlighted in yellow. The main content area is divided into several sections:

- HSA balance:** A table with two columns: "Benefit year" and "Balance". The table lists three benefit years: "Jan. 1, 2023 - Dec. 31, 2023", "Jan. 1, 2022 - Dec. 31, 2022", and "Jan. 1, 2021 - Dec. 31, 2021". A red-bordered box highlights the "Balance" column with the text "Here you will see your available HSA balance(s)."
- Expense 1 details:** A section with four rows, each with a label and a "Select" dropdown menu:
 - "This claim is for" with a "Select" dropdown.
 - "Type of expense" with a "Select" dropdown.
 - "Date of service" with a "Select" dropdown.
 - "Expense amount" with a value of "\$0.00".

At the bottom of the screen, there are two buttons: "Cancel" and "Next".

Step Five: You then need to put in information for the claim: selecting who the claim is for; what type of expense (Health & Dental Premiums); the date of service (first of the month); and the expense amount (your monthly premiums).

New HSA claim

HSA balance

Benefit year	Balance
Jan. 1, 2023 - Dec. 31, 2023	
Jan. 1, 2022 - Dec. 31, 2022	
Jan. 1, 2021 - Dec. 31, 2021	

Expense 1 details

This claim is for

Type of expense Health & Dental Premiums ▼

Date of service Jan 1, 2023 ▼

Expense amount

Cancel Next

Step Six: You will have a summary of your claim presented to you next. You will also have the option to add in any other claim expenses.

Review HSA claim

Claim total

Expense 1 Edit

THIS CLAIM IS FOR DATE OF SERVICE
Jan 1, 2023

TYPE OF EXPENSE EXPENSE AMOUNT
Health & Dental Premiums

Add another expense

Account details

This information will

If you are claiming more than one month's premiums, you can select "Add another expense" to repeat this process and add another month.

Cancel Next

Step Seven: To submit/complete your claim, you will need to select “I agree” on the “Terms & conditions”.



Step Eight: Now your claim(s) has been submitted, and you just need to wait for reimbursement.