

Personal Spending Account



- Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.
- Please print clearly and be sure to complete all sections of your Personal Spending Account claim form.

- Please keep original receipts for your records.
- Sign Section 4 and mail your claim to the address at the end of this form.

Questions? Please visit www.sunlife.ca or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

1 Information about you

Be sure to fully complete this section.

| | | | | | |
|---------------------------------------|-------------|--|--------------------|----------------------------|--|
| Contract number | | Member ID number | | Your plan sponsor/employer | |
| Your last name | | | First name | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Your address (street number and name) | | | Apartment or suite | City | |
| Province | Postal code | Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French | | Daytime phone number | |

2 Information about your claim

List the names of all persons for whom you're claiming expenses. Add up all the receipts and insert the total amount claimed.

| Person for whom you are making the claim | Date of birth (yyyy-mm-dd) | Relationship to you | Amount claimed |
|--|----------------------------|---------------------|----------------------|
| Claimant last name | Claimant first name | | \$ |
| Claimant last name | Claimant first name | | \$ |
| Claimant last name | Claimant first name | | \$ |
| Claimant last name | Claimant first name | | \$ |
| Claimant last name | Claimant first name | | \$ |
| | | | Total claimed |
| | | | \$ |

3 Details of claims

| | Date incurred (yyyy-mm-dd) | Amount claimed |
|--|----------------------------|----------------|
| <input type="checkbox"/> fitness club or gym memberships | | \$ |
| <input type="checkbox"/> registration fees for fitness-related programs, lessons or courses (such as aerobics, yoga, dance and martial arts) | | \$ |
| <input type="checkbox"/> sports team memberships and registration fees | | \$ |
| <input type="checkbox"/> annual memberships or daily passes to athletic facilities (such as access to golf courses, racquet clubs and ski hills) | | \$ |
| <input type="checkbox"/> personal trainers, fitness consultants, lifestyle consultants and exercise physiologists | | \$ |
| <input type="checkbox"/> registration fees for fitness-related events (such as walks, runs and races) | | \$ |
| <input type="checkbox"/> recreational activity fees (such as boating fees, camping fees and trail passes) | | \$ |
| <input type="checkbox"/> fees for athletic facilities and equipment rental costs | | \$ |

3 Details of claims (continued)

| | Date incurred (yyyy-mm-dd) | Amount claimed |
|---|---------------------------------------|-----------------------|
| <input type="checkbox"/> fitness-related apps, software and programs | _____ | \$ _____ |
| <input type="checkbox"/> hunting and fishing licenses | _____ | \$ _____ |
| Fitness equipment | | |
| <input type="checkbox"/> purchase or rental of exercise equipment (such as treadmills, exercise bikes, universal gyms and weights) | _____ | \$ _____ |
| <input type="checkbox"/> specialized sports equipment (such as skates, bikes, nonmotorized boats, rackets and clubs) | _____ | \$ _____ |
| <input type="checkbox"/> fishing gear and supplies, camping gear, tents and sleeping bags | _____ | \$ _____ |
| <input type="checkbox"/> jogging or cycling strollers | _____ | \$ _____ |
| <input type="checkbox"/> specialized athletic footwear (such as running shoes, golf shoes and swim fins) | _____ | \$ _____ |
| <input type="checkbox"/> fitness related apparel (such as running jackets, cycling shorts and swim caps) | _____ | \$ _____ |
| <input type="checkbox"/> athletic safety equipment (such as helmets, eye protection and mouth guards) | _____ | \$ _____ |
| <input type="checkbox"/> fitness tracking tools (including watches) and heart-rate monitors | _____ | \$ _____ |
| <input type="checkbox"/> fitness consoles and accessories, DVDs and downloadable work-out videos | _____ | \$ _____ |
| Health products and services | | |
| <input type="checkbox"/> weight management programs (excluding food) | _____ | \$ _____ |
| <input type="checkbox"/> nutrition programs and counselling | _____ | \$ _____ |
| <input type="checkbox"/> cholesterol and hypertension screening | _____ | \$ _____ |
| <input type="checkbox"/> smoking cessation programs and products | _____ | \$ _____ |
| <input type="checkbox"/> services provided by iridologists, herbalists, Chinese medical practitioners and acupressurists | _____ | \$ _____ |
| <input type="checkbox"/> other alternative wellness services (such as Reiki, Rolfing and light therapy) | _____ | \$ _____ |
| <input type="checkbox"/> stress management programs | _____ | \$ _____ |
| <input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training | _____ | \$ _____ |
| <input type="checkbox"/> health, fitness or lifestyle assessments | _____ | \$ _____ |
| <input type="checkbox"/> vitamins and supplements, including herbal products | _____ | \$ _____ |
| <input type="checkbox"/> sleeping aids (such as orthopaedic mattresses and pillows, darkening blinds, white noise machines and ear plugs) | _____ | \$ _____ |
| <input type="checkbox"/> Medical alert products and services | _____ | \$ _____ |
| <input type="checkbox"/> personal care items (such as heating pads, thermometers, sunscreen, teeth whitening kits and denture products) | _____ | \$ _____ |
| <input type="checkbox"/> life coach services or fees for spiritual or wellness retreats (excludes the cost of travel and accommodations) | _____ | \$ _____ |
| <input type="checkbox"/> cosmetic procedures (such as Botox, dermabrasion and tattoo removal) | _____ | \$ _____ |
| <input type="checkbox"/> health-related apps, software and programs | _____ | \$ _____ |
| <input type="checkbox"/> day-spa services (such as baths, saunas and aesthetic treatments) | _____ | \$ _____ |
| Insurance premiums | | |
| <input type="checkbox"/> Life and Critical Illness insurance premiums, as well as Long Term Care facility premiums | _____ | \$ _____ |
| <input type="checkbox"/> pet insurance premiums | _____ | \$ _____ |

3 Details of claims (continued)

| | Date incurred (yyyy-mm-dd) | Amount claimed |
|--|-------------------------------|----------------|
| Work-life balance | | |
| <input type="checkbox"/> child-care expenses | _____ | \$ _____ |
| <input type="checkbox"/> elder-care expenses | _____ | \$ _____ |
| <input type="checkbox"/> pet-care services (such as kenneling, obedience training, dog walking and veterinarian fees) | _____ | \$ _____ |
| <input type="checkbox"/> domestic services (such as house cleaning, snow removal, landscaping and moving services) | _____ | \$ _____ |
| <input type="checkbox"/> intelligent personal assistant (IPA) devices | _____ | \$ _____ |
| Educational and personal development | | |
| <input type="checkbox"/> tuition fees for university, college or continuing education (including books and supplies) | _____ | \$ _____ |
| <input type="checkbox"/> fees for language training and tutoring | _____ | \$ _____ |
| <input type="checkbox"/> fees or dues for professional memberships or associated with maintaining a professional designation | _____ | \$ _____ |
| <input type="checkbox"/> hobby or general interest classes and supplies (including cameras) | _____ | \$ _____ |
| <input type="checkbox"/> personal computers, accessories and software | _____ | \$ _____ |
| <input type="checkbox"/> online courses offered through a recognized educational institution requiring registration | _____ | \$ _____ |
| <input type="checkbox"/> internet services (statements used as receipts must include the payment amounts and date) | _____ | \$ _____ |
| <input type="checkbox"/> cultural activity passes or tickets (for things like museums, zoos, music concerts, plays, operas and symphonies) | _____ | \$ _____ |
| <input type="checkbox"/> lessons, courses, seminars and conferences (including books, instruments, supplies and accessories) | _____ | \$ _____ |
| <input type="checkbox"/> reading materials and book club memberships (including e-readers and books) | _____ | \$ _____ |
| <input type="checkbox"/> finance related apps, software and programs | _____ | \$ _____ |
| <input type="checkbox"/> smartphones and tablets | _____ | \$ _____ |
| Professional services | | |
| <input type="checkbox"/> estate planning, financial investment counselling and tax return preparation | _____ | \$ _____ |
| <input type="checkbox"/> legal expenses (such as wills, divorces, and house purchases or sales) | _____ | \$ _____ |
| Financial | | |
| <input type="checkbox"/> Registered Retirement Savings Plan (RRSP) contributions | _____ | \$ _____ |
| <input type="checkbox"/> Registered Education Savings Plan (RESP) contributions | _____ | \$ _____ |
| <input type="checkbox"/> Tax-Free Savings Account (TFSA) contributions | _____ | \$ _____ |
| Green living | | |
| <input type="checkbox"/> public transit passes | _____ | \$ _____ |
| <input type="checkbox"/> solar energy and wind energy products | _____ | \$ _____ |
| <input type="checkbox"/> energy home audits, cost to upgrade windows, programmable thermostats and weather stripping | _____ | \$ _____ |
| <input type="checkbox"/> lead pipe and asbestos removal from home | _____ | \$ _____ |
| <input type="checkbox"/> composters, rain barrels, recycling bins and recycling fees for atypical items (such as electronics) | _____ | \$ _____ |

3 Details of claims (continued)

| | Date incurred (yyyy-mm-dd) | Amount claimed |
|---|-------------------------------|----------------|
| <input type="checkbox"/> appliances certified as energy efficient and other energy efficient products for home heating, cooling and lighting (such as tankless water heaters and compact fluorescent light bulbs) | _____ | \$ _____ |
| <input type="checkbox"/> car or bike sharing memberships and usage fees (excluding fuel costs and repair fees) | _____ | \$ _____ |
| Safety initiatives | | |
| <input type="checkbox"/> baby safety equipment | _____ | \$ _____ |
| <input type="checkbox"/> first aid products (such as bandages, Automated External Defibrillators (AED) and disinfectant) | _____ | \$ _____ |
| <input type="checkbox"/> smoke alarms, carbon monoxide (CO) detectors, fire extinguishers and fire escape ladders | _____ | \$ _____ |
| <input type="checkbox"/> personal protective gear (such as safety boots, eye protection and safety gloves) | _____ | \$ _____ |
| <input type="checkbox"/> life jackets, bear spray, rescue equipment and avalanche kits | _____ | \$ _____ |
| <input type="checkbox"/> home security systems and associated fees | _____ | \$ _____ |

Are you submitting information about out-of-Canada expenses?

Ensure the currency and amount are clearly marked next to each entry. We'll process your claim and convert the eligible expenses to Canadian dollars as of the date of processing.

No Yes

4 Authorization and signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this Personal Spending Account, we may check the accuracy of the information given in support of your claim.

I certify that all goods or services being claimed have been received by me, and if applicable, my spouse and/or dependents. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan. I certify that these expenses qualify for reimbursement under my Personal Spending Account.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information about me, and if applicable, my spouse and/or dependents, needed for administration and processing claims under this Personal Spending Account with any other person or organization who has relevant information pertaining to this claim. I understand that information pertaining to this claim may be reviewed in the event this Personal Spending Account plan is audited.

I certify that the persons for whom I am making a claim are eligible and include myself, my spouse and my dependents as defined for this coverage. I understand that I am responsible for the outcome of any tax consequences that may arise from being reimbursed for these expenses. I also understand that my plan sponsor may have access to an itemized listing of claims submitted by me under my Personal Spending Account for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of administration and processing claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada to disclose information about their claims to me, for the purposes of processing a claim, if any and managing my Personal Spending Account.

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

| | |
|-------------------------|-------------------|
| Member's signature X | Date (yyyy-mm-dd) |
|-------------------------|-------------------|

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

Mailing instructions – *keep a copy of your claim form and receipts for your records*

Mail your completed form to the claims office nearest you.

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Montreal QC H3C 6C1

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