STRATEGIC HSA

Mail Claim Forms to: **1881529 Ontario Ltd. c/o Richard Dobing**
945 Princess St. Kingston, ON K7L 3N6

INDIVUAL EMPLOYEE DETAIL	
Employee Name	Employer:
Telephone:	Email Address:

PATIENT	CLAIM EXPENSE	CLAIM DATE	AMOUNT
		EXPENSE TOTAL	

All claims are processed upon receipt and payment is made after the Company payment has cleared their account.

EMPLOYEE AUTHORIZATION	
I hereby understand that only those expenses, listed above, which are eligible expenses under section 118.2(s) of the Income Tax Act (Canada) will be eligible for reimbursement, and I authorize the release of any information in respect of this claim to the Administrator or its authorized agents and consent to the use of such information for the administration of benefits under this Program and the provision of financial advice and related products to me and the Company.	
Dated (DD/MMM/YYYY):	Signature:

Please be sure to attach all receipts to the claim form. Expenses submitted without accompanying receipts will not be paid.