

Healthy Lifestyles Account (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.

- Attach the **original** receipt for each expense claimed and keep photocopies 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 151049		Member ID number		Your plan sponsor/employer Teck Metals Ltd.	
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 First name			\$
Claimant last name First name			\$
Claimant last name First name			\$
Claimant last name First name			\$
Claimant last name First name			\$
			Total claimed
			\$

3 Details of claims

Ensure each receipt clearly indicates the type of expense being claimed.

Attach original receipts or if this claim has been submitted under another plan, attach the original claim statement from the plan and copies of the receipts.

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
Fitness-related services			
<input type="checkbox"/> fitness club memberships			\$
<input type="checkbox"/> registration fees for fitness-related programs or lessons, such as aerobic classes, yoga, dance lessons, figure skating and outdoor survivor training			\$
<input type="checkbox"/> sports team memberships and registration fees			\$
<input type="checkbox"/> annual memberships, such as golf			\$
<input type="checkbox"/> court fees, green fees, ski passes, lift tickets and race registrations			\$
<input type="checkbox"/> personal trainers, fitness consultants, lifestyle consultants and exercise physiologists			\$

3 Details of claims (continued)

	Provider name (if not clearly indicated on receipt)	Date incurred (yyyy-mm-dd)	Amount claimed
Fitness equipment			
<input type="checkbox"/> durable equipment such as treadmills, exercise bikes and universal gym			\$
<input type="checkbox"/> skates, roller blades, bicycles, specialized athletic footwear, tennis racquets, golf clubs, safety helmets and specialized sports equipment			\$
Health-related services			
<input type="checkbox"/> weight management programs (excluding food and supplements)			\$
<input type="checkbox"/> smoking cessation programs and supplies			\$
<input type="checkbox"/> nutrition programs and counselling			\$
<input type="checkbox"/> maternity services (prenatal classes, mid-wife services and doula services)			\$
<input type="checkbox"/> services for the following registered paramedical and alternative health practitioners: reflexologist, iridologist, herbalist, homeopath, athletic therapist, Chinese medical practitioner, Shiatsu physiotherapist, therapist, acupressurist, speech therapist, psychologist, acupuncturist, massage therapist, podiatrist, chiropodist, naturopath, chiropractor, osteopath, audiologist, dietician, occupational therapist, optometrist, ophthalmologist			\$
<input type="checkbox"/> stress management programs			\$
<input type="checkbox"/> cholesterol and hypertension screening			\$
<input type="checkbox"/> first aid and CPR (cardiopulmonary resuscitation) training			\$
<input type="checkbox"/> health assessments			\$
<input type="checkbox"/> allergy tests			\$
<input type="checkbox"/> vitamins & supplements, including herbal products			\$
<input type="checkbox"/> other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Roling and light therapy			\$
<input type="checkbox"/> costs for immunizations and travel medications			\$
<input type="checkbox"/> costs for medical examinations not covered by provincial medical plans			\$
<input type="checkbox"/> costs related to counseling on substance abuse			\$
<input type="checkbox"/> winter driving courses			\$

Are you attaching receipts for out-of-Canada expenses?

Ensure the currency and amount are clearly marked on each receipt. 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

Mail your completed form and supporting documents to:

Sun Life Assurance Company
of Canada
PO Box 11658 Stn CV
Montreal QC H3C 6C1