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## LIFESTYLE SPENDING ACCOUNT REQUEST

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This form is to be used to claim eligible expenses up to the maximum allowed under the Lifestyle Spending Account (LSA) portion of your plan. The form must be completed in full or it will be returned without reimbursement.

Eligible expenses under your plan can be found in your employee booklet, or online at my-benefits.ca.

Attach receipts for each expense claimed and ensure each receipt clearly indicates each expense being claimed.

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### Employee Information

Firm Name _____	Firm/Division # _____
Employee's Full Name _____	Certificate # _____
LSA Expense Type _____	Amount Submitted \$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>Total</b> \$ _____

### Declaration

All the information I have provided on the form is accurate and complete, to the best of my knowledge, and represents a claim for services rendered to me. I understand this is a taxable benefit and expenses claimed are subject to income tax as outlined by the Canada Revenue Agency. Furthermore, I understand claims submitted to my Lifestyle Spending Account are subject to review by my plan sponsor, who has authorization to access an itemized listing of these claims for the purposes of payroll related taxes and deductions, tax-slip production or other administrative reporting and plan management.

I authorize Maximum Benefit and its insurers to collect, use, maintain and disclose personal information relevant to this claim for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan. Any copy of this authorization shall be as valid as the original.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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Submit this form, along with the receipts for each expense claimed, to:

**MAXIMUM BENEFIT**  
1051 King Edward Street, Winnipeg, MB R3H 0R4

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All information on this form is confidential.

**MAXIMUM BENEFIT NATIONAL SERVICE CENTRE**  
1051 King Edward Street, Winnipeg, MB R3H 0R4 • 1 800 893-7587