

# Lifestyle Spending Account Enrollment Form

Policy # \_\_\_\_\_  
(NHC Use)

## A Company Information

Legal Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Company Plan Administrator: \_\_\_\_\_ Email: \_\_\_\_\_  
Broker Email: \_\_\_\_\_ Broker Name: \_\_\_\_\_

## B Select Your Coverage

Below is a list of our recommended lifestyle spending account coverages. Select the Lifestyle Spending Account coverages you want to add.

Contact [enrollments@nationalhealthclaim.com](mailto:enrollments@nationalhealthclaim.com) to speak to us about adding other custom categories.

### HEALTH AND FITNESS RELATED

#### Fitness Related Services - Memberships/Fees that improve fitness and wellbeing

- Fitness club memberships (Eg. annual costs for gym memberships)
  - Registration fees for fitness related programs or lessons (Eg. personal trainers, fitness classes, yoga classes, dance lessons)

#### Recreational Related Services - Memberships /Fees for recreational activities that improve health and wellbeing

- Recreational membership (Eg. costs for golf, yacht club, curling, etc.)
  - Sports team memberships and registration fees
  - Court fees, green fees, ski passes, lift tickets and race registrations

#### Fitness Equipment (non apparel) - Products that improve health and wellbeing

- Exercise equipment (Eg. treadmill, stationary bike, elliptical, weights / bench, yoga mat, fitness DVDs, etc.)
  - Equipment required to participate in a sport/event/activity (Eg. fitness trackers, golf clubs, bicycles, camping equipment, tennis racquet)

#### Fitness Apparel - Specialized clothing used to participate in fitness activities

- Runners, apparel specific to sport or fitness activity
  - Note: Street wear is not eligible.

## **B HEALTH AND FITNESS RELATED - CONTINUED**

### **Health Related Services - Alternative health and wellness services**

- Health and wellness services performed by alternative health practitioners (eg. weight management, stress management, reflexologist, iridologist, herbalist, homeopath, Shiatsu therapist, Reiki, Touch therapy, Rolfing and Light therapy, etc.)
- Maternity services (eg. pre-natal classes and services of a certified Doula, etc.)
- Note: If you have other healthcare benefits that do not cover the expense, you can claim those services here.

### **Health Related Devices - Devices that support health, or wellbeing**

- Blood pressure monitor, breast pump, SAD Light, pedometer, heart rate/health watches, CPAP machine and supplies, lumbar pillow, muscle roller, orthotics, etc.
- Note: Exercise equipment is not eligible.

### **Wellness products (non food) - Products used to support a healthy body**

- Vitamins, herbs, supplements, holistic/homeopathic remedies, ayurvedic medicine, essential oils / accessories, etc.

## **FAMILY AND LIFESTYLE**

### **Family Leisure Fees - Participation in leisure activities outside of the home**

- Zoo, theme park, amusement park, museum passes, opera tickets, bowling, national park pass, etc.

### **Family Assistance - Attendant care and facility costs**

- Childcare/daycare (in-home or at a center), after school programs, day camps, nannies, summer camps
- Note: All expenses require a detailed receipt. Handwritten notes are not acceptable.

### **Infant Equipment and Furniture, Carriers and Safety Items - Hard goods required for the care and safety of your infant**

- Cribs, strollers, high chairs, car seats, monitors, playpens, breast pumps, baby carriers, etc.
- Note: Coverage excludes food, clothing, diapers, toys and decor items.

### **Transportation (does not include personal automobile expenses) - Costs associated with getting to work**

- Public transit passes, parking passes

### **Green Living - Items or services to make your home more earth friendly**

- House and home (energy assessment, solar panels, high efficiency furnace and hot water systems)
- Note: This includes the maintenance of above items like furnace cleaning with confirmation that service is done on an energy efficient item.

## **B** FAMILY AND LIFESTYLE – CONTINUED

### **Life Balance - Supports household responsibilities, allowing for participation in fitness and leisure activities**

- Snow removal, yard maintenance, housekeeping services, laundry service, carpet cleaning, window washing, etc.

### **Automobile Expenses - Costs associated with vehicle operation and maintenance**

- Tires, rotation, engine and transmission repairs, and all other maintenance-related expenses  
• Fuel expenses for gasoline/diesel, oil, wiper fluid, transmission fluid, coolant, etc.

### **Pet Care and Services**

- Pet insurance, vet bills, daycare, boarding, pet sitting, walking, training, obedience training (valid receipts required)  
• Note: Pet food, accessories and toys are not eligible.

### **Travel and Vacation**

- Flights, hotels, AirBnB, hostels, bed and breakfasts, on-line vacation packages, travel agency bookings, ferries, greyhound, transportation costs, all inclusive holidays and airport parking

## **FINANCIAL**

### **TFSA's - Contributions to a tax-free savings account**

- Contributions to a tax-free savings account

### **RESP's - Contributions and savings toward your child's post-secondary education**

- Deposits (monthly or one-time) toward an RESP savings program for listed dependents  
• Note: Your provider and contribution details are required.

### **RRSP's - Contributions to personal registered retirement savings plan**

- Deposits made to the employee's personal RRSP  
• Note: You must provide deposit proof into a clearly identified RRSP program.

### **Student loan repayment program**

- Reimbursement for payments made toward a student loan  
• Note: Documentation must include: name, payment date, amount, proof of withdrawal/ payment and loan type.

## **PERSONAL**

### **Education and personal development - Supports continuous learning**

- Tuition fees for university, college or continuing education (including books and supplies)  
• Professional membership fees or dues not covered by the company  
• Hobbies, general interest classes, driver education, seminars and conferences

**B****PERSONAL – CONTINUED****Computer Products/Mobile Devices - Products for personal computing and mobile communication**

- Computers and accessories (hardware), printer/scanner, laptop, notepads, cell phone and devices, etc.

**Electronics - Technological products used to enhance leisure time**

- Televisions, stereo, gaming consoles, PVR, satellite dishes, camera, headsets, GPS, etc.

**Spa Services - Services related to relaxation and wellbeing**

- Manicure, pedicure, wraps, scrubs, facials, Vichy bath, whirlpool, hot tub, sauna, steam room, etc.

**Cosmetic procedures - Services related to personal appearance**

- Tattooing, tattoo removal, botox, teeth whitening, piercing, hair implants, hair removal, lashes, waxing, permanent makeup, etc.

**Life Event Preparation**

- Legal fees for will and estate planning, new home owner, investments

**Individual Insurance premiums - Costs associated with personal insurance premiums**

- Premiums for health-related insurance such as Life, Disability, and Critical Illness  
• Note: Coverage does not include home or auto insurance.

**GENERAL****Remote Products - Items that support working remotely**

- Home office equipment (eg. chairs, desks, filing cabinets, printers, etc.)  
• Technology costs such as webinar subscriptions

**Covid-19 Support - Items or services to help with social distancing**

- Food and grocery delivery  
• Mental wellness-related items (eg. weighted blanket, online counseling services, meditation, exercise programs, etc.)  
• Family home-schooling supplies (eg. craft supplies, books, school supplies, online learning programs, etc.)  
• Medical Health expenses (eg. cough and cold medicines, throat lozenges, sleep aids, sanitizers and wipes, water and air purifiers, soaps, masks, gloves, supplies for a first aid kit, thermometers, etc.)

**ALTERNATIVE OPTION – PAY AS SUBMITTED**

*Instead of specifying the coverages above, offer a wide open taxable LSA by selecting the option below. This means that we accept all receipts as submitted and will process all expenses without rejections.*

**PAY AS SUBMITTED**

- Pay all receipts as submitted - no rejections



## Define Your Employee Categories

Choose job classification(s) for the employees of your company. It is required that each employee within a classification be extended the same annual limits. Please make sure the descriptions are accurate.

JOB CLASSIFICATION	JOB DESCRIPTION	ANNUAL LIMIT SINGLE	ANNUAL LIMIT COUPLE	ANNUAL LIMIT FAMILY	WAITING PERIOD (30, 60, 90 DAYS)	NEW HIRE PRO-RATING (CHECK FOR YES)
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES

Plan Effective Date: \_\_\_\_\_  
(YYYY / MM / DD)

When the plan is to start. The plan can be back-dated up to one year (will apply to all employees)

Benefit Year: January to December  
Other: \_\_\_\_\_

The 12 month cycle that claims are made against. You can align it to your fiscal year or keep it to a calendar year.

Run-off: 30      60      90

Number of days from start of new benefit year during which claims can be made against the previous year.

Carry Forward: (Choose one option)  
Use Credit Carry Forward  
Use Expense Carry Forward  
Use No Carry Forwards

*Credit Carry:* Unused credits from one benefit year can transfer to the next year after the runoff period has ended.

*Expense Carry:* Expenses (receipts) from one benefit year can be claimed in the next year, after the runoff period has ended.

*No Carry:* Credits must be used within each benefit year only. No carry forward after the selected run-off period

Child Dependent Cut-Off Age:

Child dependents remain eligible until, and including, this age.

Student Dependent Cut-Off Age:

Child dependents attending full-time post secondary school remain eligible until (and including) this age.

# Enrollment Form

## **D** Enter Your Employee & Dependent Information (Attach additional pages for more employees)

EMPLOYEE INFORMATION			
Full Name: _____		Email: _____ <small>( This will be used as the website username )</small>	
Job Classification: _____ <small>( From Section B )</small>		Date of Birth: _____ <small>( YYYY / MM / DD )</small>	
Date of Hire: _____ <small>( YYYY / MM / DD )</small>			
Dependents			
Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

EMPLOYEE INFORMATION			
Full Name: _____		Email: _____ <small>( This will be used as the website username )</small>	
Job Classification: _____ <small>( From Section B )</small>		Date of Birth: _____ <small>( YYYY / MM / DD )</small>	
Date of Hire: _____ <small>( YYYY / MM / DD )</small>			
Dependents			
Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

EMPLOYEE INFORMATION			
Full Name: _____		Email: _____ <small>( This will be used as the website username )</small>	
Job Classification: _____ <small>( From Section B )</small>		Date of Birth: _____ <small>( YYYY / MM / DD )</small>	
Date of Hire: _____ <small>( YYYY / MM / DD )</small>			
Dependents			
Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

## **E Authorization**

By signing this enrollment form, the company agrees to provide a Lifestyle Spending Account for its employees and will pay for all account funding and administration fees as required.

Signature of Authorized  
Company Officer: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY / MM / DD)

Print Name: \_\_\_\_\_

Pre-Funding Cheque Attached (optional)

Set-up fee \_\_\_\_\_

National HealthClaim Corp.  
335 58th Ave S.E.  
Calgary, Alberta,  
T2H 0P3

## **F Additional Information**

### **Lifestyle Spending Account (LSA) Funding**

Pre-Authorized Debit (PAD) is the easiest way a company can fund their account. With this method, National HealthClaim does automatic weekly withdrawals to reimburse pending claims.

**Yes, please contact me about setting up pre-authorized debit (PAD).**

Our support team will review the exact requirements needed for PAD, including the continuous float amount needed on your account.

Alternatively, a company can choose to fund their account by making online bank payments or mailing cheques. More information on these two methods can be found on the company's online plan administration (PA) account.

### **Pre-funding versus Pay-as-you-go**

National HealthClaim recommends pre-funding the LSA. Money is held in an account and drawn from as claims come in. This method ensures claims get paid without any delay. Pay-as-you-go funding is also available, if the company wishes to do online bank payments or mail cheques after their claims get processed.

Note: All accounts will operate in either mode, automatically. NHC does not pay interest on monies held.

### **Privacy Statement**

Protecting the insured person's personal information at National HealthClaim Corp. (NHC) is very important. We recognize and respect the company and individual's privacy. When a company enrolls for an HSA, we establish a confidential electronic file that contains their account and employee information. This file is kept secure within the company and employee online portals. We collect and use the personal information only to process this enrollment and provide and administer the financial product(s) enrolled for, investigate and process claims, and create and maintain records concerning our relationship.

**Web: [www.nationalhealthclaim.com](http://www.nationalhealthclaim.com)**

**Toll Free: 1 (866) 342-5908**

**[enrollments@nationalhealthclaim.com](mailto:enrollments@nationalhealthclaim.com)**

## What Happens Next

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1

This form is sent to National HealthClaim (NHC) for review. NHC may contact the company Plan Administrator or Advisor to discuss the enrollment if there are questions.

*Note: It is important that the Plan Administrator indicate their email address on the enrollment form.*

2

Once the plan is active, an email will be sent to the company “Plan Administrator” (PA) with login instructions for their online portal. Once logged in, the PA is able to make changes to the plan and/or to employees.

3

Once their benefits are active, employees will receive a welcome email. It will include login instructions and give information on how to download the mobile app (ClaimSnap) for claiming.

*Note: The employee username for login is the email address submitted on the enrollment form and must be unique to each employee.*