

Personal Spending Account (Health & Wellness in the Workplace)



- 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 (Health & Wellness in the Workplace).
- 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 150839		Your payroll number		Your plan sponsor/employer Teck Resources 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
<input type="checkbox"/> fitness club memberships		- -	\$
<input type="checkbox"/> registration fees for fitness-related programs or lessons, such as aerobic classes, yoga, dance lessons and figure skating		- -	\$
<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	_____	— —	\$ _____
<input type="checkbox"/> home workout video's & dvds, fitness tracking monitors (heart rate monitors, pedometers, body buggs)	_____	— —	\$ _____
Health-related services			
<input type="checkbox"/> weight management programs (excluding food)	_____	— —	\$ _____
<input type="checkbox"/> smoking cessation programs	_____	— —	\$ _____
<input type="checkbox"/> nutrition programs and counselling	_____	— —	\$ _____
<input type="checkbox"/> stress management programs	_____	— —	\$ _____

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 (Health & Wellness in the Workplace).

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 (Health & Wellness in the Workplace) 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 (Health & Wellness in the Workplace) 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 (Health & Wellness in the Workplace) 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 (Health & Wellness in the Workplace).

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) — —
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Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

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

Mail your completed form and supporting documents to the claims office nearest you.

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Montreal QC H3C 6C1

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PO Box 2010 Stn Waterloo
Waterloo ON N2J 0A6

For SLF use: HCF
