

**CANISIUS COLLEGE/CANISIUS CARE  
HEALTH CARE SPENDING ACCOUNT CLAIM FORM**

**EMPLOYEE NAME:** \_\_\_\_\_ **Claim Page #** \_\_\_ of \_\_\_  
Please Print                                      First                                      M.I.                                      Last

**Enter My Claim for Calendar Year\*:** \_\_\_\_\_ **Banner ID #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 (\*Please list the year you want your expenses to go against. Service dates through March 15<sup>th</sup> can be applied to your previous year's Canisius Care account, if funds are still available.)

**EXPENSES TO BE REIMBURSED:** Minimum reimbursement is \$50.  
**Claims received by the 20<sup>th</sup> of the month will be reimbursed at the end of that month.**

Instructions:  
Item - indicate item number on receipt and attach to claim form in same order.  
Type of Service - use letter codes: **M** = Medical **D** = Dental **V** = Vision **P** = Prescription **O** = Other  
Relationship - use letter codes: **E** = Employee **S** = Spouse **C** = Child

<u>Item</u>	<u>Type of Service</u>	<u>Date of Service mm / dd / yy</u>	<u>Patient Name</u>	<u>Relationship</u>	<u>Age of Child</u>	<u>Amount</u>
1)	_____	____/____/____	_____	_____	_____	\$ _____
2)	_____	____/____/____	_____	_____	_____	\$ _____
3)	_____	____/____/____	_____	_____	_____	\$ _____
4)	_____	____/____/____	_____	_____	_____	\$ _____
5)	_____	____/____/____	_____	_____	_____	\$ _____
6)	_____	____/____/____	_____	_____	_____	\$ _____
7)	_____	____/____/____	_____	_____	_____	\$ _____
8)	_____	____/____/____	_____	_____	_____	\$ _____

**Please send documents in a Secured SEALED ENVELOPE (not an Inter-Office envelope) to Karen Kosowski, Controller's Office.**

SUB-TOTAL      \$ \_\_\_\_\_  
 GRAND TOTAL      \$ \_\_\_\_\_

I certify that the expenses listed above have been incurred by me and qualify for reimbursement. I agree that I will not receive reimbursement for these expenses from any other source or declare such expenses as a deduction on my personal income tax. The original receipts or other documentation for the above expenses are attached.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Note: Be sure to attach original receipts, cancelled check(s) or other documentation of payment. The Internal Revenue Service requires that all dental claims be processed through the college's dental plan first, then attach the Explanation of Benefits stub as the dental receipt. If you have Blue Cross, Blue Shield, or similar Medical Insurance to submit, the IRS requires that an Explanation of Benefits statement be presented with your reimbursement request.

CONTROLLER USE ONLY:    Year \_\_\_\_\_    Date \_\_\_\_\_    Amount \_\_\_\_\_  
 I Document # \_\_\_\_\_    Date of Check \_\_\_\_\_    Check # \_\_\_\_\_

## **CANISIUS COLLEGE PRIVACY POLICY:**

Safeguarding your personal information is something we take very seriously at Canisius College. Canisius College may collect nonpublic personal information about you from your Canisius Care claim forms and receipts, primarily on health issues, doctor's office visits and medications. The personal information you provide to the College is used only to process your reimbursement requests. In addition to this, all Canisius Care claims are kept in a confidential file until time to process and during processing, then in locked files in a secure area after processing. At no time does the College disclose this information to any other party or person unless authorized by you or required by law.

## **WHAT ARE ELIGIBLE HEALTH CARE EXPENSES?**

The Internal Revenue Service generally defines eligible expenses under the Federal Tax Code. The following list is a guide to expenses, which are typically considered eligible for reimbursement:

- Deductibles and coinsurance expenses.
- Expenses not covered under your medical plan, including co-pays and deductibles, vision care, etc.
- Over the counter drugs used to treat an illness.
- Hearing aids and hearing care expenses.
- Medical treatments such as acupuncture, electroshock therapy, healing services, hydrotherapy.
- Prescription drugs and patent medicines, vitamins or tonics prescribed by a doctor.
- Dental expenses including orthodontia, not reimbursed by the dental plan.
- Medical equipment.
- Periodic medical examinations.
- Chiropractor, osteopath and podiatry services.
- Transportation expenses for essential medical care.

Note: This is only a brief list of some expenses that qualify for reimbursement. Please refer to your Canisius Care Summary Plan Description for more detail.

## **HEALTH CARE EXPENSES NOT COVERED:**

- Premiums for medical care policies.
- Contact lens programs.
- Membership in a medical service or cooperative.
- COBRA premiums for yourself or your dependent children or other health insurance.
- Health club dues.
- Expenses for cosmetic surgery unless necessary to correct a deformity resulting from an accident or trauma or a disfiguring disease.

Note: For a more complete list of health care expenses not covered, please refer to your Canisius Care Summary Plan Description.