THE EMPLOYMENT BENEFIT PLAN

Elite Business Services Ltd. | PHSP HSA Administrative Provider

SUMMIT A CLAIM

* Must be a minimum of $ 50.00

Date: * (MM/DD/YYYY)		Level *:
Employers Name: *		Employers Phone #:
Employees Name: *		Phone #:
Address:		
City:		Postal Code:
Claims submitted via this form constitutes consent to continue to contact you/your business by email.		

NOTE: ELIGIBLE RECIEPTS MUST BE SUBMITTED TO SUPPORT YOUR CLAIM

Date	Description of Expense	Patient	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Total Claim	$

Office Use:

Administration Fee 5% $
GST / HST $
Total $

:5236-52 Ave { Box 7612 }Drayton Valley, AB T7A 1S7

Phone: (780) 542-5050 | Fax: (780) 542-5058 | Toll Free: 1-877-542-1676