



**BOILERMAKERS' NATIONAL HEALTH AND WELFARE PLAN (CANADA)
IRISH WELDERS
HEALTH CARE SPENDING ACCOUNT CLAIM FORM**

1. Member's name _____ Date of Birth Day Mo Year
 _____/_____/_____

2. Address _____

3. If you are making a claim for your Spouse or Dependant, please provide the following information:

Full Name of Spouse/Dependant	Spouse/ Dependant's Date of Birth	Relationship to Member
_____	_____/_____/_____ Day Mo Year	_____
_____	_____/_____/_____ Day Mo Year	_____
_____	_____/_____/_____ Day Mo Year	_____
_____	_____/_____/_____ Day Mo Year	_____

4. All Member and Dependant expenses should be listed here. **Attach receipts.**

MEMBER'S CLAIM			SPOUSE/DEPENDANT'S CLAIM				
Receipt date Day/Mo/Yr	Description of expense, i.e Drug/Vision Care/Dental etc.	Charge		Receipt date Day/Mo/Yr	Spouse/Dependant's name	Description of expense, i.e Drug/Vision Care/Dental etc.	Charge
Total				Total			

I certify that the information in this form is true and complete to the best of my knowledge.

 Signature of Member Date

If you wish to have your payments direct deposited to your Canadian Bank Account, please complete a Health Benefits – Direct Deposit and E-Notification Request form. This form is available on our website at www.boilermakersbenefits.ca.

Member to submit completed claim form and receipts to: **Boilermakers' National Benefit Funds (Canada)**
Administration Office
45 McIntosh Drive
Markham, Ontario, L3R 8C7
Or by Email: dental@boilermakersbenefits.ca