

IMPORTANT NOTICE FOR CITY OF EDMONTON EMPLOYEES



Less paperwork required to submit claims to your HCSA

Any portion of a claim, whether submitted by your dentist, pharmacist or yourself, which is not paid through either your health or dental benefits, will be posted automatically to your HCSA. The submission of an additional claim form is not required, nor do you need to note any additional information on your health or dental claim form.

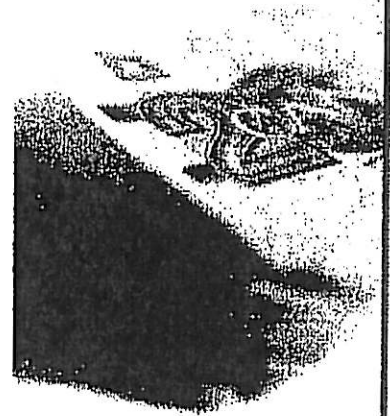
You will also continue to have the option of completing a claim form and submitting an expense directly to your HCSA. Claim forms are available online at www.ab.bluecross.ca.

If you have coordination of benefits, we will not route the unpaid amounts to your HCSA. This will provide for the opportunity to submit the claim to your coordinating plan to maximize your benefit entitlement. If any expenses are remaining after submitting the claim to your coordinating coverage, please use an HCSA claim form to submit the remaining amount to your HCSA.

HCSA payment to you

HCSA payments are issued monthly—once the expenses in your account (provided credits are available) exceed \$100. Payments for less than \$100 are issued quarterly.

Twice a year you will also receive a statement outlining the status of your HCSA account. This statement will list your claims and credit balance.



FOR MORE INFORMATION

If you have questions, Alberta Blue Cross is here to assist you. Call us at 780-498-8000. Outside regular business hours, you can leave a message and an Alberta Blue Cross Customer Service Representative will return your call the next business day.

780-498-8000 Edmonton and area

1-800-661-6995 toll-free



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Health Spending Account Payment Options

SURNAME		FIRST NAME		ID NUMBER
ADDRESS				GROUP NUMBER
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER	

Request for Discretionary Payments

I would like to accumulate my credits until I request payment, for all eligible expenses against all eligible credits.

To receive payment on a discretionary account, you must fill out an Alberta Blue Cross *Health Spending Account Claim Form*. Payments will not be made unless you submit this form. Claim forms are available on Alberta Blue Cross' web site at www.ab.bluecross.ca.

Request for Automatic Processing

I no longer want discretionary payments.

Signature of subscriber

Date

Please fax to

Alberta Blue Cross at (760) 498-8532 or (780) 425-4627

Attention: GROUP ADMINISTRATION