

Welcome to another edition of GIDIP Disa-Bulletin.

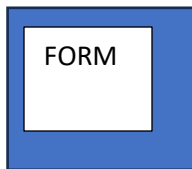
IMPORTANT INSTRUCTIONS FOR USING YOUR HEALTH SPENDING ACCOUNT BENEFIT 2023 - 2024

- 1. Clarification of Coverage:** The Health Spending Account benefit is specifically for expenses not covered by your current extended health and dental coverage. Expenses must first be submitted to your applicable extended health and dental provider before submitting for reimbursement under the GIDIP Health Spending Account.
- 2. Secondary Coverage: “are health benefits payable from another group plan?”**
An example of secondary coverage is a spousal, alternate employer, or any individual insurance plan where you may have secondary coverage.
- 3. Submission process:**
 - 1)** Submit your health claim to your health and dental benefit provider. Once the claim is processed, your provider will then issue a **Claim Details or a detailed Explanation of Benefits (EOB)**. The EOB will confirm the service date, payment details, and an explanation for a denial.
 - 2)** If you have coverage from another group plan such as through your spouse, please submit your expense and the EOB from your provider to all other providers and obtain another **Claim Details or a detailed Explanation of Benefits (EOB)**.
- 4. Documentation requirements to submit your HSA claim:**
 - Complete the HSA Claim Form. The claim form can be downloaded from the Unifor Local 2002 GIDIP website.
 - Attach all receipts pertaining to the health or dental expense you are claiming.
 - Attach all Claim Details and / or Explanation of Benefits received from your provider.

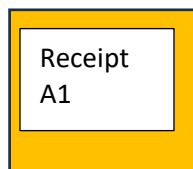
Examples:

If you have one provider, just follow these three easy steps:

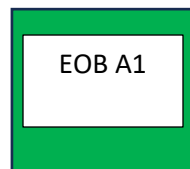
- 1) Fill out the HSA claim form.
- 2) Attach your receipt; and
- 3) Include your Claim Details / Explanation of Benefits (EOB A1).



(1)

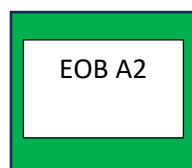


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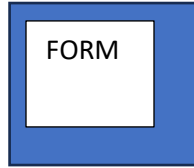
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For a second expense on the same form, add these two documents:

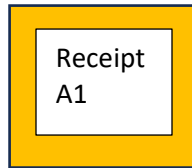


If you are covered under two or more plans, send us the same three documents:

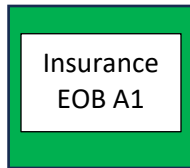
- 1) Fill out the HSA claim form.
- 2) Attach your receipt; and
- 3) Include both providers' Claim Details / Explanation of Benefits (EOB A1 and EOB B1).



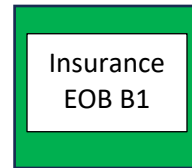
(1)



(2)



(3)



(4)

Please note:

- These three documents are required for each expense submitted.
- Complete a new claim form for all new claim submissions.
- The HSA coverage maximum: \$300 for full time employees and \$150 for part time employees.
- This benefit is tax-free to Members, except in Quebec where it is taxable by the provincial government.
- The HSA benefit follows the CRA health claim guidelines. Not all health expenses are covered under the HSA benefit.
- You can claim expenses for your dependents such as your spouse, common-law spouse, and children, including parents and grandparents who are considered your dependents under the Income Tax Act).
- Once your claim is received by the Plan Administrator, the Plan Administrator will contact you in 10 business days. The Plan Administrator will verify your eligibility under the program and will review the information submitted to determine all the documentation details have been submitted and match what is required for reimbursement.

Should you have any questions regarding this benefit, contact Canadian Benefits Consulting Group who will be pleased to assist you.

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