

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

Request for Discretionary Payments

I would like to accumulate claims in my Health Spending Account (HSA) until I request payment.

Your request to change the payment arrangement for your HSA from “Automatic” to “Discretionary” will result in the following change to your claiming procedure.

To receive payment on a discretionary basis, first check to see if the claim is already in your Health Spending Account (HSA). Log into the Alberta Blue Cross [member site](#) and select **Claims** then **Health Spending Account claim** and **Claims to be selected**.

If the claim is not listed or the **Claims to be selected** option is not available, select **Submit a claim** on the home page or complete an Alberta Blue Cross *Health Spending Account Claim Form*. Payments will not be made unless claims are submitted. Visit our website to [obtain a claim form](#) and [learn how to submit a claim online](#).

When requesting full or partial reimbursement for expenses residing in your HSA, please note one of the following comments in the “Claims Submission Details” section (2) of the HSA claim form:

“Please reimburse all expenses residing in my account”
 OR
“Please reimburse \$(specify amount)”

Request for Automatic Payments

I no longer want discretionary payments.

Signature of member

Date (YYYY-MM-DD)

Please fax or mail this completed document to Alberta Blue Cross.

Fax: 780-498-3540

Mailing Address: 10009 108 St NW, Edmonton, AB T5J 3C5

Attention: Group Administration