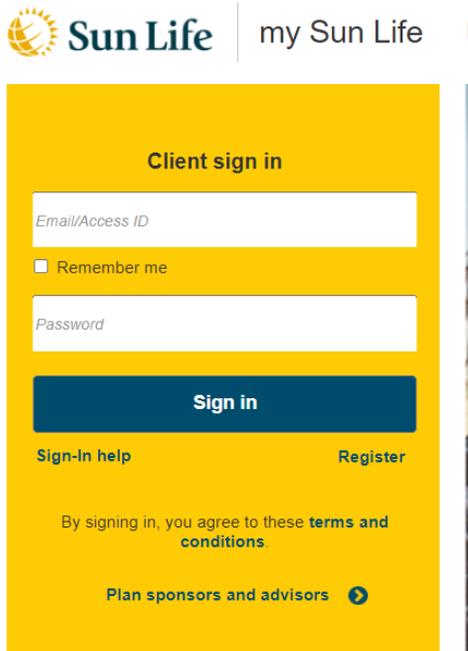


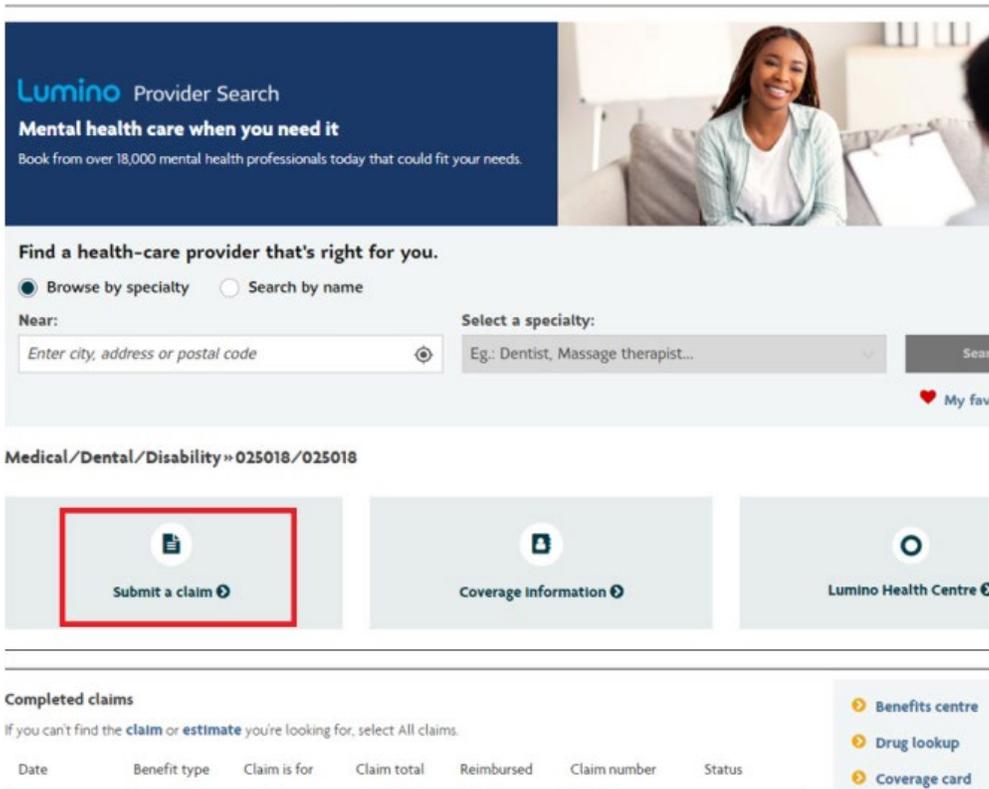
How to submit H.S.A claims on Sun Life's Member Site

Below our screenshots that help illustrate how to sign in and submit a claim for an H.S.A. expense.

1. These are screenshots on the member website – starting with the sign in page.



2. On the Benefits screen, a member will need to select “Submit a Claim” to begin the process for an H.S.A claims submission.



3. The “Submit a Claim” function will allow a member to submit a claim for several expenses, including those related to a Healthcare Spending Account - as shown below:



Submit a claim

Your plan allows you to submit an online claim for the following types of expenses. Click on the type of claim you would like to submit:

- [➤ Vision Care e-claim](#)
- [➤ Medical e-claim](#)
- [➤ Dental e-claim](#)
- [➤ Health Spending Account e-claim](#)
- [➤ Disability claim](#)

4. After selecting “Health Spending Account e-claim”, the following will appear before the member can continue...



Health Spending Account e-claim

Before you send a claim to your Health Spending Account, consider submitting your expenses first to:

- your medical or dental benefit, if your plan covers the expense
- any other medical or dental plan that covers you or the person for whom you are claiming

You can then claim any unpaid portion under your Health Spending Account.

What would you like to do?

- [Submit a claim](#) under your medical or dental benefit.
- Select continue below to complete an e-claim under your Health Spending Account.
- Read about your [Health Spending Account coverage](#) and the types of expenses you can claim.

[continue](#)

5. The member will have the opportunity to review their Direct Deposit details, if it is setup.

Health Spending Account e-claim

Your plan allows you to submit an online claim for Health Spending Account expenses. Follow these 4 simple steps to submit your claim.

The entire amount you submit will be charged to your HSA account. Therefore, before submitting your HSA e-claim, you should first submit your expenses to:

- your medical or dental benefit, if the expense is covered under these benefits
- any other medical or dental plan that covers you or the person for whom you are claiming.

Then claim any unpaid balance from your HSA using e-claims.

Please note e-claims hours of availability are as follows, to allow for nightly maintenance:

Monday - Friday from 6 a.m. to 11:59 p.m. (Eastern Time)

Saturday from 6 a.m. to Sunday 2 a.m. (Eastern Time)

Sunday from 8 a.m. to 11:59 p.m. (Eastern Time)

Note

E-claims submission is not available for all types of vision care expenses.

Please send us a paper claim form for the following types of vision care expenses:

- claims where payment is assigned to your eye care professional (if permitted under your plan)
- claims which require special documentation from your eye care professional (if required by your plan)
- out of Canada claims

Step 1 of 4

- Please check your information below. Once your claim is processed, your claim payment will be deposited into your account and an email will be sent to the address below.
- Click update to change your information, otherwise click continue.
- If you need to update your mailing address please contact us.

Institution	Transit	Account
XYZ BANK 505 KING ST FREDERICTON NB E3B 1E7	1234	1234567
Update		

E-mail Address
Michael.Smith@email.com
Update

Address
1473 Dupont St. West Peterborough, ON L1W 2K7
Update

Health Spending Account	
Benefit Year	Balance
01/01/2022- 31/12/2022	<u>\$100.00</u>
01/01/2021- 31/12/2021	<u>\$161.12</u>
Total remaining HSA balance as of: 19/6/2022	\$261.12

[continue](#)

[cancel](#)

6. It will be necessary for the members to agree to the Terms and Conditions, as shown here:

Health Spending Account e-claim

Terms and Conditions

Step 2 of 4

If you accept and agree to the following terms and conditions to submit a claim online, then click I agree to continue.

- Fraudulent claims are very costly for all participants in benefit plans. As administrator of this plan and for audit purposes, Sun Life Assurance Company of Canada ("Sun Life") may check the accuracy of the information given in support of your claim, and if we ask, you agree to send us the original receipts and supporting documents within the time frame requested.
- Sun Life reserves the right to:
 - remove the online Submit a Claim feature and request that you send in a paper claim form with original receipts and supporting documents, and
 - request that you send in the original receipts and/or supporting documents within 12 months of you submitting your claim online.

7. The member will then be able to see select who the claim is for: .

Health Spending Account e-claim

Claimant's Information

Step 3 of 4

Indicate who the claim is for and select continue. If the claim is for someone who is not listed, select 'Other'. [Read more](#)

The Claim is for: Mike
 Mary

At present, no dependents are registered for this benefit. If you have dependents you would like to add, click 'update.'

Note

Read more about your [Health Spending Account coverage](#) and the types of expenses you can claim

8. The member will then be required to enter type of expense, date of service and claim amount:

Health Spending Account e-claim

Claim Information

Step 4 of 4

Enter Health Spending Account(HSA) claims information and click continue.

- If there are not enough expense lines, enter the first eight expenses and click continue. On the e-Claim Confirmation screen, click submit another claim to submit remaining claim(s).
- If a portion of this expense was previously paid under another plan, enter only the portion not previously paid or covered into the HSA Claim amount field.

Read more about [the Health Spending Account](#) and what is considered an eligible expense.

Type of Expense	Date Paid in Full dd/mm/yyyy	HSA Claim Amount (xxx.xx)	
Bridges <input type="button" value="v"/>	19/6/2022	\$ 50.00	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="clear"/>

Total Amount Claimed: \$50.00

9. Before submitting, the member will be able to review a summary on the claim details:

Health Spending Account e-claim

Summary

That's it! Please check the information and if you agree with the certification and authorization below, click I agree. If not, click on the appropriate back button to return to the section where you wish to make any necessary changes.

Claim Options	Direct Deposit Information
Claim is for: Michael back	Transit: 01234 Account: 1234567 XYZ BANK 505 KING ST FREDERICTON NB E3B 1E7 back

Health Spending Account balance (excluding this claim) Benefit Year (may be less or more than 12 months)	Balance
01/01/2022- 31/12/2022	\$50.00
01/01/2021- 31/12/2021	\$161.12
Remaining HSA balance as of: 19/6/2022	\$211.12

Claim Details		
Type of Expense	Date Paid in Full	Total Charges
Bridges claimed from HSA	19/6/2022	\$50
back	Total Amount Claimed:	\$50

Certification and Authorization: I certify that all goods and services being claimed have been received by me/my dependents. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, and confirm they have authorized Sun Life to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

10. Once submitted, the member will received a confirmation as follows:



Home	Coverage	Lumino Provider Search	Claims	Lumino Health Centre	Changing employer	FAQs	Help	Contact us
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Health Spending Account e-claim

Confirmation

Your Health Spending Account claim has been processed.

Your online claim reference number: **123456-12345-78**

Amount to be deposited into your bank account in most cases within 24 to 48 hours: **\$50.00**

To view your new Health Spending Account details [click here](#): [view](#)

To view the Claim Statement (Explanation of Benefits), [click here](#): [view](#)

To go to your Quick view page, [click here](#).

[submit another claim](#)