

**Submit**

**Clear Form**

## DENTAL PREMIUMS REIMBURSEMENT (HCSA) FORM

- Only applies to employees who have Health Care Spending Account - Manulife (Policy #0119785)
- This form is required for reimbursement of Year to Date Dental Premiums paid by the employee in current year
- For more information please refer to the OOS and In-Scope HCSA Benefits Handbook on City Connect.
- If there are any questions regarding this form, contact the Employee Service Centre at 306-777-7213 or email [benefits@regina.ca](mailto:benefits@regina.ca)

**Requests received between December 01 and December 31, 2020 will be submitted to Manulife in the first week of January 2021. Submissions after Jan 01, 2021 will be sent to Manulife weekly. Manulife requires approximately 2 weeks to process your claim. The deadline for submitting requests is February 28, 2021 by 4pm. No requests will be accepted past the deadline date.**

Employee Last Name	Employee First Name	Middle Initial	Employee ID

<b>Employment Type:</b>	<input type="radio"/> Permanent	<input type="radio"/> Casual
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<b>Union / Out of Scope Employee:</b>				
<input type="radio"/> ATU Local 588	<input type="radio"/> CUPE Local 7	<input type="radio"/> CMM	<input type="radio"/> Out of Scope	<input type="radio"/> CUPE Local 21

**Employee Consent & Authorization**

I consent to the information provided above being retained, used, and disclosed for administration of Health Care Spending Account by Manulife and People & Organizational Culture.

I certify that I have read and agree to the contents of this form and authorize the Administrators to complete the Dental Premiums reimbursement. I further understand that it is my responsibility to ensure my address is up to date with City of Regina and Manulife for cheque to be delivered.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR-Benefits Administrator Signature

\_\_\_\_\_  
Date

- **Amount of reimbursement will be based on available/unused HCSA credits. If available credits are higher than amount paid for Dental premiums, only amount paid will be reimbursed.**
- **Reimbursement of eligible Dental Premiums will be processed by Manulife.**
- **To receive a direct deposit of reimbursement, please update your banking information with Manulife.**

**OFFICE USE ONLY**

Employee has a HCSA?  Yes  Not eligible

Dental Premiums paid by employee (current year) \$ \_\_\_\_\_

Updated HCSA/Dental Premium request tracker  Yes  No

Request sent to Manulife  Yes  No

**Submit**

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