myHSA

Corporate Enrolment Form

Company Profile

Company Name		
Company Address	**Street Address**	
	City	
	Province	
	Postal Code	
Admin Fee (%)		
Corporate Bank Information	**Bank #**	
	Branch (Transit) #	
	Account #	

Plan Administrator (PA) Information

Name				
Company Address	**Street Address**			
	City			
	Province			
	Postal Code			
Access Type	○ Standard	○ Read Only	○ Reporting Only	
Company Contact	○ Yes	○ No		
Email				

Please Note:
Multiple PA's may be added to the system, and any PA may accept the Terms and Conditions upon plan renewal.

Plan Design

Plan Features	Class 1	Class 2	Class 3
Plan Type	None	None	None
Plan Name (i.e., executives, full-time, etc)			
Wait Period			
Renewal Date	1st of None	1st of None	1st of None
Total Yearly Plan Amount			
Distribution of Total Plan Amount	None	None	None
Coverage of Claim (%)	None	None	None
Allow Claims for Dependents	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
Grace Period	None	None	None
Allow Carryover	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

Please Note:
When building Flexible spending accounts within the platform, allow claims for dependents, grace period, and carryover may be customized at the spending account level.

Notes

Disclaimer:
This form is a tool for data collection purposes only. Once filled out, the advisor can reference this form to enrol the client using their advisor portal. Please see the advisor handbook for more details.

HSA Expense Items

LIST OF COVERED ITEMS COVERED UNDER THE HEALTH SPENDING ACCOUNT

DENTAL

- Dental Examination, Oral Hygiene, X-Rays, Gum Treatment
- Dental Repair, Fillings, Root Canal, Extracting Teeth
- Dentures, Repair, & Replacement
- Major Restorative Procedures, Crowns, Implant, Bridge, Oral Surgery
- Multiple allowable dental expenses (Add up total expenses must be valid service dates)
- Orthodontic work including braces paid to a medical practitioner or a dentist. Expenses for purely cosmetic procedures are not eligible

DURABLE EQUIPMENT

- Air Conditioner Lesser of $1,000 or 50% of amount paid for person with sever chronic ailment, disease or disorder*
- Air Filter, Cleaner, purifier for severe chronic respiratory ailment*
- Any apparatus or material - where payment is made directly to a doctor, dentist, nurse or hospital
- Any device designed to assist an individual in walking where the individual has a mobility impairment
- Baby breathing monitor - A medical practitioner must certify in writing that the infant is at risk of sudden infant death syndrome
- Bathroom aids to help a person get in or out of a bathtub or shower or to get on or off a toilet*
- Brace for a Limb, Spinal brace
- Braille note takers, printers, synthetic speech systems, large print-on-screen devices, computer peripherals, etc., designed for a person who is blind to operate a computer*
- CPAP - Continuous Positive Airway Pressure Devices and Supplies
- Crutches
- Diabetic Supplies and Devices
- Electronic bone healing device*
- Exercise equipment prescribed by a physician for treatment or recovery from an illness or injury.
- Hearing aids or personal assistive listening devices including repairs and batteries
- Heart and blood pressure monitoring devices, Pace makers, including repairs and batteries*
- Hospital Bed if Required in Home*
- Incontinence Supplies - Catheters, catheter trays, tubing, etc.*
- Needles and Syringes
- Orthotic Inserts, Orthopedic Shoes or Boots*
- Oxygen and equipment*
- Phototherapy equipment for treating psoriasis or other skin disorders. You can claim the amount paid to buy, operate, and maintain this equipment
- Prosthetics, Artificial Limb
- Renovation expenses specifically required for person with mobility impairment - Doctor Confirmation Required
- Support hose, compression stockings, to relieve swelling*
- TENS/Electrotherapy Devices*
- Wheel Chair, Scooter, Power Operated Chair or lifts for persons with mobility impairment*
- Wigs - for a person who has suffered abnormal hair loss because of a disease, accident, or medical treatment*

* Prescription is required for the listed item to qualify under the HSA

EXPENSE NOT COVERED BY INSURANCE

- Dental, extended health and vision.

MEDICINES

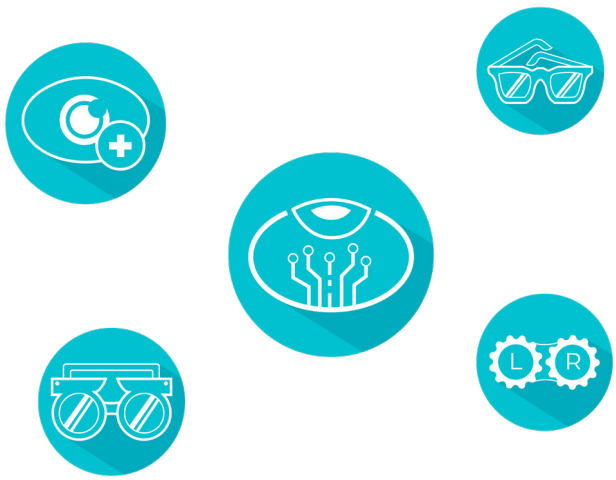
- Any Prescription Medicine run through a licensed pharmacist. No over the counter medicine is allowed
- Drugs and medical devices bought under Health Canada's Special Access Program - the amounts paid for drugs and medical devices that have not been approved for use in Canada, if they were purchased under this program
- Medicinal cannabis (No recreational purchases)*
- Vaccines*

HOSPITAL

- Ambulance charges - to and from Hospital
- Hospital bills

VISION

- Eye glasses or Contact Lens*
- Laser eye surgery - the amount paid to a medical practitioner or a public or licensed private hospital
- Multiple allowable vision
- Optician, Optometrist, Opthamologist



MISCELLANEOUS ALLOWABLE

- Doctors note or Form completed by Doctor
- Employee Premium paid to a non-government medical or hospitalization plan (e.g. Blue Cross, Manulife Flexcare, Sun Life Affinity) Only Health, Dental, Vision premiums. No Critical Illness, Accidental Death or Dismemberment Life, or Disability Premiums
- Gluten Free Products – with letter from qualified practitioner, only the difference between the cost of goods related to the part of the product consumed by the person with celiac disease
- Home Care for an illness or disability. The submission must include a letter from a licensed medical professional stating the home care is medically required in order to be eligible
- Private Healthcare - The cost of membership fees or access fees paid to a private medical clinic. Fees must be pre-payment of eligible medical expenses.
- School for persons with a mental or physical impairment - an appropriately qualified person, such as a medical practitioner or the principal or head of the school, must certify in writing that the equipment, facilities, or staff specially provided by that school are needed because of the person's physical or mental impairment
- Travel (40-80km) the cost of the public transportation expenses (for example, taxis, bus, or train) when a person needs to travel at least 40 kilometers (one way), but less than 80 km, from their home to get medical services. You may be able to claim the public transportation expenses you paid (for example, taxis, bus, or train) as medical expenses. Where public transportation is not readily available, you may be able to claim vehicle expenses
- Travel expenses (at least 80 km) – contact support@getmyhsa.com for clarification
- Under paragraph 118.2(2)(a) an eligible medical expense includes an amount paid to a medical practitioner, dentist or nurse or a public or licensed private hospital for medical or dental services provided to the patient.

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PROCEDURES & TREATMENTS

- Cosmetic surgery – an expense will continue to qualify as a medical expense if it is necessary for medical or reconstructive purposes, such as surgery to address a deformity related to a congenital abnormality or a personal injury resulting from an accident
- Covid Tests (completed) processed by a lab or pharmacy - no prescription required
- Electrolysis - only amounts paid to a qualified medical practitioner. Expenses for purely cosmetic procedures are not eligible
- Fertility-related procedures – amounts paid to a medical practitioner or a public or licensed private hospital to conceive a child. Generally, amounts paid for a surrogate mother are not eligible
- Laser eye surgery - the amount paid to a medical practitioner or a public or licensed private hospital
- Medical services provided outside of Canada - if you travel outside Canada to get medical services, you can claim the amounts you paid to a medical practitioner and a public or licensed private hospital.
- MRI, Ultrasound, X-Ray Treatments
- Tests - the cost of non holistic medical tests such as electrocardiographs, metabolism tests, radiological services or procedures, spinal fluid tests, stool examinations, sugar content tests, urine analysis, allergy, asthma testing*
- Treatment centre for a person addicted to drugs, alcohol, or gambling. A medical practitioner must certify in writing that the person requires the specialized equipment, facilities, or personnel provided

PROFESSIONAL SERVICE

- Acupuncturist (R.Ac.)
- Anaesthesiologist
- Athletic Therapist - must show professional registration number
- Audiologist
- Chiropodist
- Chiropractor (DC)
- Dermatologist*
- Dietition or Nutritionist (Registered)
- Gynecologist (Ob. Gyn)
- Homeopath (Registered Professional)
- Kinesiology
- Massage (Must be provincially registered)
- MENTAL HEALTH PROFESSIONAL (Registered): Clinical Counsellor (RCC), Psychiatrist (C.Psych), Psychoanalyst, Psychologist (PsyD), Psychotherapist (RP), Registered Psychotherapist, Social Workers (RSW, MFT)
- Midwife (Registered)
- Multiple allowable professional
- Expenses (Add up total expenses)
- Naturopaths (ND)
- Neurologist
- Nurse - RN, LPN, NP
- Occupational Therapist
- Orthopedist
- Osteopath - (certificate issued for an individual, the laws of the jurisdiction in which the individual resides or of a province (or nationally)
- Pharmacist
- Physician (MD), Pediatrician, Podiatrist (DPM), Surgeon
- Physiotherapist (B.PhysT, B.ScPhysio, B.Physio, CPTA)
- Plastic Surgeon (Must be medically required with doctor certification)
- Prosthetist
- Respiratory Therapist
- Speech Therapist (SLP)
- Traditional chinese medicine practitioner (TCM)
- X Ray Technician

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Custom Wellness Plan

Sample Taxable WSA Expense List

Alternative Practitioner

- ☐ Aromatherapy
- ☐ Craniosacral
- ☐ Holistic (alternative) medicine or practitioner
- ☐ Meditation classes
- ☐ Reflexology
- ☐ Reiki

Personal

- ☐ Cell phone
- ☐ Child daycare services
- ☐ CPR Training
- ☐ Financial Advisor Fees
- ☐ Language program
- ☐ Legal Fees
- ☐ Life Coach
- ☐ Parking
- ☐ Personal development course
- ☐ Personal RRSP/RESP contribution reimbursement
- ☐ Professional Membership
- ☐ Transportation expense such as bus passes, city transit, ride-share

Health

- ☐ Massage units
- ☐ Medic Alert bracelet/neck chain
- ☐ Smoking cessation programs
- ☐ Suncare
- ☐ Vitamins and Supplements
- ☐ Weight Loss Program

Fitness & Sporting Goods

- ☐ Dance Lessons
- ☐ Ergonomic Office Equipment
- ☐ Fitness equipment
- ☐ Fitness trackers
- ☐ Floatation therapy (float tank)
- ☐ Golf (green fees)
- ☐ Gym membership
- ☐ Horseback riding
- ☐ Kids Sports Fees
- ☐ Personal training
- ☐ Self-defense course
- ☐ Ski passes
- ☐ Sporting goods
- ☐ Yoga, Pilates, Barre

Cosmetic

- ☐ Cosmetic Dentistry
- ☐ Cosmetic Dermatology
- ☐ Cosmetic Procedures
- ☐ Hair replacement
- ☐ Teeth whitening

Other

- ☐ Accessible Parking Permit
- ☐ Camping Fees
- ☐ Cleaning services
- ☐ Doula services
- ☐ Elder Care
- ☐ Lactation Consulting
- ☐ Non-prescription glasses/ sunglasses
- ☐ Pet daycare
- ☐ Pet Insurance
- ☐ Prenatal Education Classes
- ☐ Safety glasses
- ☐ Spa Services
- ☐ Treatment centre/spas
- ☐ Veterinary Fees

Disclaimer:

This list is a sample list of common WSA categories and is completely customizable. The advisor can make any changes to the list as needed during the plan design.