

Flexible Benefit Claim Form

Last revised: October 2024
 Last reviewed: October 2024
 Next review: October 2025

1. Use this form for reimbursement of funds pursuant to the Flexible Benefit Program
2. Guidelines are found Section 1201 (20) of the Human Resource Manual

3. Receipts must be attached, unless funds are being directed to PEPP

4. Purpose Code: 1 – Fitness; 2 – PEPP/RRSP; 3 – Student Loan; 4 – Financial Planning.

PLEASE SUBMIT THIS FORM TO THE HUMAN RESOURCE SERVICE CENTRE

Personal Information

 Surname First Name Employee Number

 Ministry Branch Eligible Amount This Year

Reimbursement Request

Date of Receipt(s) DD/MM/YY	Purpose Code	Description	Amount Requested	Remaining Balance

Request to Direct Funds to PEPP

Date of Receipt(s) DD/MM/YY	Purpose Code	Description	Amount Requested	Remaining Balance
	2	Please direct funds to the Public Employees' Pension Plan (this form replaces the PEPP Voluntary Contribution Form for this purpose) Note: Unused amounts greater than \$10.00 as of February 28 th will be directed to PEPP		

Disbursements as detailed above are duly authorized. It is the responsibility of the employee and approving manager to ensure that the claim is eligible under Section 1205 of the HR Manual and the examples of eligible and ineligible items.

 Employee Name (Please Print)

 Permanent Head or Designate (Please Print)

 Employee Signature

 Permanent Head or Designate Signature

 Date

 Date

Entered onto payroll System by _____ on _____