

# Flexible Benefit Claim Form

Last revised: May 2027  
 Last reviewed: May 2017  
 Next review: May 2018

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 <sup>th</sup> will be directed to PEPP		

Disbursements as detailed above are duly authorized

\_\_\_\_\_  
 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 \_\_\_\_\_