



HEALTH SPENDING ACCOUNT DIRECT DEPOSIT FORM

Please complete and submit this form according to the instructions below:

Employee Name: _____

Employer Name: _____

Plan Number: _____

Email Address: _____

Bank Name: _____

Please attach a void cheque

An email address is required to send your “Explanation of Benefit Statement” to you. Completed claim form and original receipts are still required for assessment. Please email or mail completed forms by using the information provided below:

Canada West Construction Union
#215 - 3993 Henning Drive, Burnaby, BC V5C 6P7
Phone: 604-293-2330 Toll Free: 1-844-293-2330
Email: info@cwcu.ca