

Hello,

Step 1: Click 'Your Health Benefits'

NOTE: Your name & Green Shield ID number will appear here

View Personalized Claim Forms

Your Recent Claims

View My Claims

Submit a claim

✓ Status: Processed [View Details](#)

NOTE: Recent claims information will appear here

✓ Status: Processed [View Details](#)

NOTE: Recent claims information will appear here

✓ Status: Processed [View Details](#)

NOTE: Recent claims information will appear here

Your Health Benefits

Calculate your benefits coverage
Calculate how much you could be reimbursed for your eligible benefits.

Check my Coverage

Find a Health Provider

Find health providers near you
Find providers already registered with GSC to simplify your claim experience.

Find Provider

Cool stuff...



Home > Dashboard

Hello

Check Coverage

Spending Account(s)

Step 2: Click
"Spending Account(s)"

[View Personalized Claim Forms](#)

Your Recent Claims

[View My Claims](#)

[Submit a claim](#)

✓ Status: Processed

[View Details](#)

NOTE: Recent claims information will appear here

✓ Status: Processed

[View Details](#)

NOTE: Recent claims information will appear here

✓ Status: Processed

[View Details](#)

NOTE: Recent claims information will appear here

Your Health Benefits

[Calculate your benefits coverage](#)

Find a Health Provider

[Find health providers near you](#)



Your GSC Account

All About You

Your Coverage

Payments

Consent

Terms

Your GSC ID Card



Benefit Booklet



Summary Information



Health Care Spending Account



Step 3: Click "Health Care Spending Account"



Your GSC Account

All About You **Your Coverage** Payments Consent Terms

Your GSC ID Card

Benefit Booklet

Summary Information

Health Care Spending Account

My Contributions

2021

Amount Deposited:
Amount Used:
Amount Remaining:

The amount will be forfeited if not used by Dec 31, 2022

2020

Amount Deposited:
Amount Used:
Amount Remaining:

The amount will be forfeited if not used by Dec 31, 2021

Coverage for additional expenses

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs, medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as co-payments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

Submit a claim

Your HCSA allocation and usage for the 'current' benefit year will appear here

Your HCSA allocation and usage for the 'prior' benefit year will appear here

Step 4: Click "Submit a claim"



Select an expense type for your Health Care Spending Account claim

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs, medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as co-payments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

Choose type of claim

Step 5: Click "Select a claim" to see the drop down menu

[Next Step >](#)



Select an expense type for your Health Care Spending Account claim

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs, medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as co-payments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

Choose type of claim

- Fertility treatments
- Fitness Programs
- Health and Dental Plan Premiums
- Home Modifications
- Hospital/Medical Facility
- Incontinence Supplies

Step 6: Select "Health and Dental Plan Premiums"



Select an expense type for your Health Care Spending Account claim

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs, medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as co-payments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

Choose type of claim

Premiums paid to private health services plans including Medical, Dental, Emergency Travel Medical and Hospitalization plans. (Health and Dental only)

Step 7: Click "Next Step"

Next Step >

We're Taking Names...

NOTE: Your name will appear here

 Providers

Your provider is who you paid in exchange for an item or service, and could be an individual or a retail location. When submitting a claim for insurance plan premiums, enter your employer's information as the provider.

Provider Name 1	Phone number 2	Address 3	×
------------------------	-----------------------	------------------	---

[+ Add another provider](#) Adding Expense Detail **4**

Expense ?	Expense Date ?	Total Amount ?	Other Carrier Paid ?	Selected Provider ?
Health and Dental Plan Premiums	Choose a date	\$	\$	Selected Provider

[+ Add Another Expense Detail](#)

Click 'Next Step'

5[< Previous Step](#)[Next Step >](#)

1. For 'Provider Name' enter "University of Toronto"

2. For 'Phone number' enter "1-866-358-4436"

3. For 'Address' enter "215 Huron Street, 8th Floor, Toronto, ON M5S 1A2"

Log in to Employee Self Service to view your monthly Pay Statements:

1. Add the "Extended Health Care", "Dental" and "Semi-Private Care" deductions per pay in one row. 'Expense Date' is the 'Pay Date'. For 'Selected Provider', 'University of Toronto' should be available.

2. Click 'Add Another Expense Detail' and repeat the above step for the other pay dates.

We're Taking Names...

Member name

NOTE: Your name will appear here

[Edit](#)

Providers

NOTE: The data you entered for the Provider information will appear here

[Edit](#)

Provider Name

Phone number

Address

UNIVERSITY OF TORONTO

1 (866) 358-4436

215 Huron St, 8th Floor, Toronto, ON M5S 1A2

NOTE: The data you entered for the Expense will appear here.

If you need to make any corrections, click 'Edit'

Adding Expense Detail

[Edit](#)

Selected provider

Expense date

Total amount

Other carrier paid

Read the disclaimer and click the check box to confirm

1

I confirm that all of the information above is accurate and ready to be submitted to Green Shield Canada.

I understand that submitting a fraudulent claim is a criminal act, and will result in the notification of my employer, the suspension of my benefits, and an escalation to the appropriate legal and/or law enforcement agency.

If selected for audit, I authorize the exchange of information between Green Shield Canada and other parties, including but not limited to health practitioners, medical device providers and insurers, as required, and only when the information is needed to administer benefit claims and/or confirm the accuracy of the claim(s) information submitted on behalf of myself, my spouse and/or my dependents.

Click 'Submit'

2

Submit

< [Previous Step](#)

Getting started



More about your Health Care Spending Account Claim



Verify your information



Submit Health Care Spending Account claim