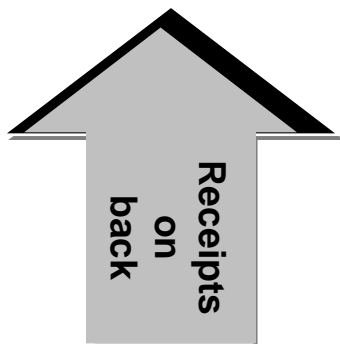


**BCPWA  
COMPLEMENTARY HEALTH FUND  
(CHF) APPLICATION**



Members Name: \_\_\_\_\_

Card # \_\_\_\_\_ (Required)

Cheque payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

**Please do not mark on receipts for any reason.**

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Can we contact you by phone? Yes

Email Address: \_\_\_\_\_ Can we contact you by email? Yes

**Do you want your cheque mailed? Yes  No**



**Number of Receipts**

BCPWA Society  
1107 Seymour Street  
Second floor  
Vancouver BC, V6B 5S8  
604-893-2245

**Supplementary Health Benefits**

Are you receiving a monthly Schedule C health allowance? Yes  No

Or

Monthly Nutritional Supplement Benefit (MNSB)? Yes  No

**Please Note**

**You will be temporarily declined if you do not complete this section each time.**

If you receive funding from any source, for any health product or service, **you may not apply for reimbursement from the CHF** for those products or services.

**Reimbursement Procedure:**

1. Completed CHF forms received before **4:00 PM on Wednesday** will be mailed out or available for pick up at the Member Services counter (reception desk) after **1:00 PM on Thursday of the next week.**
2. Third Party cheques (cheques made out to anyone other than the member) **must be pre-approved by the Director of Support Services.** This option is available to members who are: in facilities, halfway houses, etc., on "administered" income, or under age.
3. All applications require proper receipts as described in the "Receipts" section of this form.

**Administrative use only**

General \_\_\_\_\_

GST (50%) \_\_\_\_\_

Total \_\_\_\_\_

Notes: \_\_\_\_\_

Receipts Approval: \_\_\_\_\_

Reason for decline: \_\_\_\_\_

**Warning**

**Misuse of the CHF**

The following will be seen as a misuse of the CHF:

1. Reconstructed or fraudulent receipts.
2. Cheques cashed by unauthorized individuals
3. Requesting CHF funds for health care goods or services which are funded by other sources.
4. Any circumstances determined to be fraudulent by the Director of Support Services.

In the event of misuse, a member may face suspension of CHF benefits for up to one (1) year. Should there be further misuse; a permanent suspension from the program will be imposed. If a situation warrants a member pay back the CHF, the funds must be repaid in full prior to reinstatement of the member to the program, even if the suspension time has elapsed.

**Declaration:**

I have read the entire CHF Form. I understand and agree to the policies stated. I understand information I have provided may be shared between the following departments: Finance, Membership and Support Department. Also information may be shared regarding **supplementary health benefits** provided by the Ministry of Employment and Income Assistance on file with Advocacy. I understand that information held by BCPWA is in accordance with the Freedom of Information and Protection of Privacy Act.

Dated: \_\_\_\_\_ 20\_\_\_\_\_

Member's signature: \_\_\_\_\_

For Month of: \_\_\_\_\_



## Questions Contact Us

**For guidance on product eligibility or other questions please contact the CHF Team before you make any purchase.**

**Phone 604 893-2245 Toll Free 1 800 994-2437 Email [chfteam@bcpwa.org](mailto:chfteam@bcpwa.org)  
Or come see us in the Support Department at BCPWA.**

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## CHF POLICIES

### ELIGIBILITY

CHF reimbursement is available to Board-accepted full voting members of BCPWA. All full voting members who have a gross monthly income of \$3,000 or less are eligible.

If you receive any funds for vitamins, minerals and water through Schedule C, Schedule F or MNSB, the CHF program does not reimburse for ANY vitamin, mineral or water product.

Reimbursement is available up to a maximum of \$55 per calendar month for every eligible full voting member. Purchase and application for refund must be made within the same calendar month (some extenuating circumstances may apply). We cannot backdate or pre-date requests.

#### List of eligible expenses reimbursed by the CHF:

- |   |   |
|---|---|
| - Purified water (no designer labels). *  | - Bodywork by therapists and practitioners. |
| - Nutritional supplements *   | - Counseling by practitioner/counselor.     |
| - Vitamins and minerals. *  | - Complementary alternative medicines.      |
| - Over the counter medicines related to HIV & side affects caused by medications. | - Complementary alternative therapies.      |
| - Monthly gym, fitness facility fees.   | - Chiropractor, Naturopathy, Chinese herbs  |

**\*\* Prescriptions are not covered \*\***

Individuals who are independent; product distributors, Therapists, Counselors or Practitioners must be previously approved by the CHF Team

**\* (If you are receiving "Schedule C" or "MNSB", water, nutritional supplements are not covered)**

### Receipts:

#### Reimbursement requires;

- **cash register receipt** dated within the calendar month for which the claim is being submitted.
- a detailed, **itemized receipt** paid in full, issued by the supplier or practitioner stamped or imprinted with the suppliers or practitioners name, address and phone number (unless detailed information is provided on the cash register receipt). Adding machine tape not accepted
- **receipts must show GST**
- please attach all receipts to the back of the form.
- do not make any mark on the receipts (including highlighter). Marked receipts will not be accepted.
- receipts must be originals (no photo copies or faxes) and be issued by a recognized supplier or practitioner, "generic" receipts will not be accepted.
- if you wish to give us more information about a receipt please attach a note of explanation with the receipts.
- you may write your card # on each receipts. (in case they become separated from your form)

#### Temporary decline:

Your request may be temporarily declined when we require further information on a product or service or clarification of your financial information.

#### Request denied:

If all or part of the CHF application is denied the questionable receipt (s) will be returned to the member by mail with an explanation. If there are any question concerning the decision to decline all, or part of a CHF application the member may appeal.

#### Appeal Process:

Appeal requests regarding the decline of any part of a CHF application may be brought to the Director of Support Services. End stage appeal requests, regarding policy, will be brought by the Director of Support Services to the CHF Ad Hoc Committee for a final decision.

The CHF is a complex program run by Volunteers.  
Abusive behaviour of any kind directed at Volunteers or Staff will not be tolerated, and may result in a ban from the CHF.

Jackie Haywood  
Director of Support Services  
604 893-2259 phone  
604 893-2251 FAX