

Cost Plus Benefit Claim Statement

Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. We may exchange personal information about claims with the plan member and a person acting on his or her behalf when necessary to confirm eligibility and to mutually manage the claims. Payment provided through a Private Health Services plan. The Income Tax Act provides guidelines as to what benefits are allowed under this plan type.

| | | | | |
|--------------------------------------|--|--|------------------------------|-------------|
| Employer/ Company Name | | Work Ph. | Home Ph. | |
| Employees Last and First Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Email: | |
| | | | Date of Birth: (mmm/dd/yyyy) | |
| Employee HOME Mailing Address | | City | Province | Postal Code |


Please separate all eligible expenses by claimant and attach original receipts

| NAME OF PATIENT | RELATIONSHIP TO EMPLOYEE | DATE OF BIRTH (MMM/DD/YYYY) | MEDICAL CHARGES | DENTAL CHARGES |
|-----------------|--------------------------|-----------------------------|-----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | \$ | \$ |

| | |
|---------------------------------------|----|
| A. Total Claim Amount | \$ |
| B. Administration Fee (A x 10%) | \$ |
| C. GST on Administration Fee (B x 5%) | \$ |
| D. Total Amount enclosed (A+B+C) | \$ |

NOTE: You should consult your independent tax advisor to review the eligibility of claims according to CRA guidelines. ProBenefits Inc. assumes no responsibility for financial maximums that exceed the allowable amount by the Income Tax Act.

| | | | |
|--|--|--|------|
| Name of Employee (Please Print) | | Signature of Employee | Date |
| Name of Authorized Person (Employer) (Please Print) | | Signature of Authorized Person (Employer) | Date |

| | | |
|--|---|----------------------|
|  ProBenefits Inc. employer benefit solutions #8 4402 37 Street Stony Plain AB T7Z 2A9 P. 780 963 5230 F. 780 963 0982 Toll Free. 800 375 3360 | ProBenefits Inc. OFFICE USE ONLY | |
| | Cheque Received | Cheque Issued |
| | Cheque # | Cheque # |
| | Date | Date |
| | Amount | Amount |