



# Cost Plus Claim Form

All sections must be completed in FULL

## Section 1: Personal Information

This claim will be delayed or 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:

Employee First & Last Name:

Employee Address:

City:

Province:

Postal Code:

Email:

Phone:

Employee Signature:

Date:

## Section 2: Claim Information

List names of persons you are claiming expenses for, add up receipts and enter the TOTAL amount claimed per person

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 PATIENT	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (MMM/DD/YYYY)	TOTAL MEDICAL/VISION CHARGES	TOTAL DENTAL CHARGES
<b>Total</b>			<b>\$</b>	<b>\$</b>

## Section 3: Premium Breakdown

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)	\$

### ProBenefits Inc. OFFICE USE ONLY

Cheque Received	Cheque Issued
Cheque #	Cheque #
Date	Date
Amount	Amount