



REQUEST FOR COST PLUS REIMBURSEMENT

Please read all of the information on this form

Name of Policyholder _____ Group Policy No. _____ Acct. _____

I, the undersigned have read ALL of the information on this form and hereby request that the expenses outlined below be reimbursed on a cost plus basis.

Name of Employee _____ PID # _____

Mailing Address _____

<u>Type of Expense</u>	<u>Amount to be Reimbursed</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	\$ _____ A
Administration Charge (15% of A) to a maximum of \$200	\$ _____ B
Sub Total (A + B)	\$ _____ C
* Provincial Sales Tax (_____ % of C)	\$ _____ D
Grand Total (C +D)	\$ _____ E

** PST: Ontario 8%, Quebec 9%*

A cheque for the Grand Total (E) payable to The Co-operators is enclosed, together with all receipts pertaining to the reimbursement being claimed. I understand that The Co-operators will issue a cheque payable to the employee for the total amount to be reimbursed.

"Revenue Canada has indicated that a personal cost plus plan for the owner/proprietor (and dependents) only may not qualify as a Private Health Services Plan, therefore any contribution or premium and administration charges the owner/proprietor pays the Insurance Company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to Revenue Canada."

Approved by: _____
Authorized signing official of the Policyholder
Title
Date

Eligibility for cost plus benefits is determined by the Group Policyholder, therefore, it is the Group Policyholder's responsibility to verify Employee and Dependent eligibility prior to claims submissions.

INSTRUCTIONS FOR THE POLICYHOLDER

1. Expenses eligible for Cost Plus reimbursement are those that can be deducted as medical expenses according to the Canada Income Tax law and that are not covered by another public or private health insurance plan.
2. Each form must be completed IN FULL and signed by the policyholder. A separate form must be completed for each employee for whom cost plus reimbursement applies.
3. Keep a photocopy.
4. Staple together:
 - the original form,
 - all supporting invoices, and
 - a cheque from the policyholder payable to "*The Co-operators*" covering the Grand Total (E).
5. Send stapled documents to:

The Co-operators
c/o Matrix Benefit Services Limited
700 Finley Avenue, Unit 5
Ajax, ON
L1S 3Z2
6. The Co-operators will then issue cheques payable to the designated employees for the amount of reimbursable expenses. Claims paid under cost plus will not be charged to plan experience and will be excluded for renewal purposes.

IMPORTANT INFORMATION FOR THE POLICYHOLDER

- "Revenue Canada has indicated that a personal cost plus plan for the owner/proprietor (and dependents) only may not qualify as a Private Health Services Plan, therefore any contribution or premium and administration charges the owner/proprietor pays the Insurance Company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to Revenue Canada."
- Expenses claimed must be considered eligible medical expenses according to section 118.2 Revenue Canada form IT-519.
- The Revenue Canada website address for reference www.ccra-adrc.ca. (forms and publications) where the complete list of eligible medical expenses (form IT-519) can be viewed. Revenue Canada toll free number 1-800-959-2221.
- Eligible dependents, for the purpose of the medical expense tax credit, are dependents who qualify as a "dependent" for that particular taxation year according to Revenue Canada.