

COST PLUS BENEFIT CLAIM STATEMENT

CV Benefits Inc

Payment provided through Private Health Services Plan. Please note the Income Tax Act provide guidelines as to what benefits are allowed under this type of plan.

		Male	Female	
Employee Last Name	Employee First Name	Sex		Date of Birth (M/D/Y)

Employer/Company Name	Employer/Company Address (Street, City, Province)	Postal Code
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Reimburse the Provider (i.e. Dentist etc.)? Yes No (if yes, please ensure to provide full name and address)

Dentist Name	Address
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Please separate all eligible expenses by claimant and attach eligible receipts:

Name of Patient	Relationship to Employee	Date of Birth	Medical Charges	Dental Charges
Total:				

- A. Total Claim Amount \$ _____
- B. Service Charge (Calculation Section Below) \$ _____
- C. Subtotal (A + B) \$ _____
- D. Provincial Tax (C X % see tax schedule below) \$ _____
- E. GST on Service Charge (B X 5%) \$ _____
- F. Total Amount Enclosed (C + D + E) \$ _____

Administration fee is 10% with a minimum of \$50.00

Retail Sales Tax

- Ontario 8%
- Quebec 9%
- All Other Provinces 5%

Name of Authorized Person	Signature of Person	Date
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Please forward cheque and claim form to:

CV Benefits Inc
 734 – 13 Street N
 Lethbridge, Alberta T1H 2T1