

Please complete one form for each claiming member and provide the following supporting documents:

HST Registration Number  
12292 8013 RT0001

- Attach all receipts and/or explanation of benefits (keep copies of all submitted receipts and/or explanation of benefits as originals will be retained by Medavie Blue Cross).
- A cheque equal to the total amount payable to Medavie Blue Cross
- Mail to: **Medavie Blue Cross**  
**Attn: Finance / Cost Plus**  
**P. O. Box 220, 644 Main Street**  
**Moncton, NB E1C 8L3**

<b>Member</b>	Member's name (cheque payable to)		
	Mailing address		
	City/Town	Province	Postal code
	Member ID	Member province of residence	
<b>Plan Sponsor</b>	Company name	Province of Plan Sponsor	Policy number

**CLAIM FEE AND CALCULATION**

<b>Provincial Premium Tax:</b> AB: 3.00% BC: 2.00% MB: 2.00% NB: N/A NL: 5.00% NS: N/A NT: 3.00% NU: 3.00% ON: 2.00% PE: N/A QC: 3.48% SK: 3.00% YT: 2.00% <b>Harmonized Sales Tax:</b> NB: 15% NL: 15% NS: 15% ON: 13% PE: 15% <b>Provincial Sales Tax:</b> ON: 8.00% QC: 9.00%	A	<b>Total claim amount</b>	\$
	B	<b>Administration fee</b> - 10% of total claim amount subject to a minimum of \$25 and a maximum of \$250 (A x 10%)	\$
	C	<b>Total claim amount and administration fee (A + B)</b>	\$
	D	<b>Provincial premium tax</b> - select the provincial premium tax from the margin based on the member's province and multiply it by the amount from row C above.	\$
	E	<b>For all non-harmonized provinces</b> (member's province) <b>apply GST to the administration fee (B x 5%)</b>	\$
	F	<b>For Quebec residents, apply QST to the administration fee (B x 9.975%)</b>	\$
	G	<b>For harmonized provinces apply HST (based on employer's home province) to the administration fee (B).</b> -select the harmonized sales tax from the margin	\$
	H	<b>Total claim amount, administration fee and taxes (C + D + E + F + G)</b>	\$
	I	<b>For residents of Ontario and Quebec only, apply provincial sales tax to the total claims amount (A)</b> - select the provincial sales tax from the margin	\$
	J	<b>Total amount payable to Medavie Blue Cross (H + I)</b>	\$

The plan sponsor retains all legal and financial liability for this Cost Plus claim, including any payroll related taxes or deductions, as well as all expenses incurred in connection with Medavie Blue Cross's administration of this claim.

Medavie Blue Cross does not underwrite or insure this Cost Plus claim. The plan sponsor will indemnify Medavie Blue Cross and hold it harmless against any claims, damages, lawsuits, losses, costs and charges, including payroll taxes, deductions, fines, penalties, interest and expenses incurred as a result of this service.

Medavie Blue Cross only acts as an agent of the plan sponsor and not as an insurer and has no duty to defend any action taken against the plan sponsor in connection with this Cost Plus claim.

**Authorized Signatory:** \_\_\_\_\_ **for (company name):** \_\_\_\_\_

**Please print name:** \_\_\_\_\_ **Date (dd/mm/yyyy):** \_\_\_\_\_

Cost Plus may not be tax effective for everyone and special tax rules may apply. It is strongly advised that you consult your professional tax advisor(s).

**COST PLUS SUBMISSION**

I, the undersigned, accept full responsibility that all expenses incurred and submitted for payment under this service are allowable medical expenses as defined under the Canadian Federal Income Tax Act. If claiming expenses for a dependent not covered by my base plan, I accept full responsibility that this dependent qualifies under the Canadian Federal Income Tax Act as an eligible dependent.

I hereby confirm that before accessing benefits under this plan, any government program or alternate group plan (i.e. spouse's coverage) has been accessed.

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross, may be collected, used, or disclosed to administer the terms of my plan or the group plan of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, and other third parties when required to administer and manage the benefits outlined in the plan of which I am an eligible member. I understand that my personal information will be kept confidential and secure and that I may revoke my consent at any time. I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.

**Member Signature:** \_\_\_\_\_ **Date (dd/mm/yyyy):** \_\_\_\_\_