



COST PLUS REIMBURSEMENT

EMPLOYEE INFORMATION

Company Name _____ Firm # _____
 Employee's Name _____ Certificate # _____
 Address _____ Daytime Phone # (_____) _____
 City _____ Province _____ Postal Code _____

CALCULATION

	EXPENSES (please attach copies of your receipts)		TOTALS														
A	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Dental</td> <td style="width: 30%;">Health</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>+ \$ _____</td> <td>= _____</td> </tr> </table>	Dental	Health		\$ _____	+ \$ _____	= _____		A \$ _____								
Dental	Health																
\$ _____	+ \$ _____	= _____															
ADMINISTRATION FEE																	
Does your firm have Chambers Plan coverage for the type of expense you are claiming?																	
B	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Dental</td> <td style="width: 30%;">Health</td> <td></td> </tr> <tr> <td>YES: \$ _____</td> <td>+ \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td style="font-size: small;">5% of Dental Expense</td> <td style="font-size: small;">5% of Health Expense</td> <td style="font-size: small;">Maximum \$125</td> </tr> <tr> <td>NO: \$ _____</td> <td>+ \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td style="font-size: small;">12% of Dental Expense</td> <td style="font-size: small;">12% of Health Expense</td> <td style="font-size: small;">No Maximum</td> </tr> </table>	Dental	Health		YES: \$ _____	+ \$ _____	= \$ _____	5% of Dental Expense	5% of Health Expense	Maximum \$125	NO: \$ _____	+ \$ _____	= \$ _____	12% of Dental Expense	12% of Health Expense	No Maximum	+ } B \$ _____
Dental	Health																
YES: \$ _____	+ \$ _____	= \$ _____															
5% of Dental Expense	5% of Health Expense	Maximum \$125															
NO: \$ _____	+ \$ _____	= \$ _____															
12% of Dental Expense	12% of Health Expense	No Maximum															
C	SUBTOTAL (A + B)	=	C \$ _____														
PROVINCIAL PREMIUM TAX																	
D	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Ontario residents</td> <td style="width: 30%;">(C) \$ _____ x 2%</td> <td></td> </tr> <tr> <td>Quebec residents</td> <td>(C) \$ _____ x 3.48%</td> <td></td> </tr> <tr> <td>Newfoundland and Labrador residents</td> <td>(C) \$ _____ x 4%</td> <td></td> </tr> </table>	Ontario residents	(C) \$ _____ x 2%		Quebec residents	(C) \$ _____ x 3.48%		Newfoundland and Labrador residents	(C) \$ _____ x 4%		= D \$ _____						
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E	SUBTOTAL (C + D)	=	E \$ _____														
PROVINCIAL RETAIL SALES TAX																	
F	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Ontario residents</td> <td style="width: 30%;">(A) \$ _____ x 8%</td> <td></td> </tr> <tr> <td>Quebec residents</td> <td>(A) \$ _____ x 9%</td> <td></td> </tr> </table>	Ontario residents	(A) \$ _____ x 8%		Quebec residents	(A) \$ _____ x 9%		= F \$ _____									
Ontario residents	(A) \$ _____ x 8%																
Quebec residents	(A) \$ _____ x 9%																
GST/HST/QST (#102701331)																	
G	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Administration Fee</td> <td style="width: 30%;">(B) \$ _____ x _____ %* = \$ _____</td> <td></td> </tr> <tr> <td>Provincial Premium Tax</td> <td>+ (D) \$ _____ x _____ %* = \$ _____</td> <td></td> </tr> </table>	Administration Fee	(B) \$ _____ x _____ %* = \$ _____		Provincial Premium Tax	+ (D) \$ _____ x _____ %* = \$ _____		= G \$ _____									
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Provincial Premium Tax	+ (D) \$ _____ x _____ %* = \$ _____																
			*Applicable GST/HST/QST Percentages: 14.975% (QC Residents), 14% (PEI Residents), 13% (ON, NB, NL Residents), 15% (NS Residents), or 5% (All Other Provinces)														
TOTAL AMOUNT PAYABLE (E + F + G)			\$ _____														

Please Pay: the Service Provider the Employee

Mail this completed form, along with the **appropriate receipts** and a **cheque** for the total amount payable to:

CHAMBERS OF COMMERCE GROUP INSURANCE PLAN
582 King Edward Street, Winnipeg, Manitoba R3H 0P1

Chambers of Commerce Group Insurance Plan makes no representations or warranties with respect to, and shall not be liable or responsible in any way for, the tax or other consequences to any person of any contributions made or benefits received under this benefit plan. By making contributions to, receiving benefits under or otherwise participating in this benefit plan, all such persons acknowledge and agree with these conditions. If you have any concerns, please consult your tax advisor.

Please read the other side carefully.

PUT COST PLUS TO WORK FOR YOU AND YOUR COMPANY

- Cover items outside your current group insurance plan
 - Save tax dollars for you *and* your company
 - Take advantage of non-taxable employee benefits
- Deduct Cost Plus charges just like group insurance premiums

WHAT IS COST PLUS?

Cost Plus is a proven, tax-effective means of covering Health, Dental and Vision Care items not eligible under your Group Insurance Plan. Some of the most common uses include amounts over any limits in your current group plan, and specific treatments such as orthodontic dental work. The program covers all supplies and services considered eligible medical expenses under the Canadian Income Tax Act.

For the business, Cost Plus charges are treated like group insurance premium, as an eligible business expense. Cost Plus benefits are **not taxable** in the hands of the individuals who receive them (except in Quebec where provincial taxes apply).

HOW DOES IT WORK?

Expenses not covered under your regular Extended Health or Dental Group Plan may be sent to the Plan Administrator with this Cost Plus form along with a cheque for the amount of the claim plus a small administration fee and applicable taxes. Your firm writes off the entire amount as a tax-deductible employee benefit expense. The Plan pays the claim, sending payment to the employee or the service provider.

Claim payments over \$5,000 will be held for a short period of time in order to allow your firm's cheque to clear our bank. There is no hold period required if your firm's cheque is certified. All claims over \$50,000 must be accompanied by a certified cheque.

If your firm has an Extended Health benefit with the Chambers Plan, the administration fee charged is 5% of the claimed *health expense* up to a maximum of \$125 per claim. If your firm does not have an Extended Health benefit, the administration fee is 12% of the claimed health expense (no maximum).

If your firm has a Dental benefit with the Chambers Plan, the administration fee charged is 5% of the claimed *dental expense* up to a maximum of \$125 per claim. If your firm does not have a Dental benefit, the administration fee is 12% of the claimed dental expense (no maximum).

Cost Plus claims **must be made while the firm's coverage is in effect**. Once Chambers Plan coverage has terminated, claims will not be processed regardless of the service dates being claimed.

ALL CLAIMS RECEIVED ON A COST PLUS CLAIM FORM ARE ASSUMED TO BE INELIGIBLE UNDER YOUR REGULAR BENEFIT. PLEASE ENSURE THAT BENEFITS HAVE BEEN MAXIMIZED UNDER THE REGULAR PLAN BEFORE SUBMITTING A COST PLUS CLAIM.

Questions? Contact the Chambers of Commerce Plan Administrator toll free at 1-800-665-3365.

