



Cost Plus Benefit Form

Member Information

Group Number:

Member Name:

Certificate Number:

Dispensing Province: (8)

Explanations

Please state the province the drug/service was dispensed/performed in.

Claim Amount

Amount of Claim: (11)

Administration Fee: (12)

Sub Total (13)

Please state the entire cost including taxes of the claim.

Administration fee is equal to 10% of the claim amount shown on line 11. (10% of line 11, minimum \$25, maximum \$500)

The Sub Total is calculated by adding line 11 and 12.

Tax

Premium Tax: (16)

Retail Sales Tax: (17)

Premium Tax is applicable to Claims dispensed in Newfoundland (4%), Ontario (2%) and Quebec only(2%) of the Claim Sub Total (line 13).

Retail Sales Tax is applicable to claims dispensed in Quebec; (9%) and Ontario; (8%). In Ontario, RST equals claims (line 11) multiplied by 8%. In Quebec, RST equals claims (line 11) plus administration fee (line 12) multiplied by 9%.

GST/HST (19)

GST/HST is based on Provincial rate in the dispensing province indicated on line 8 and is calculated based on the Administration Fee calculated on line 12.

Total Due (21)

Total due is the Sub Total plus applicable taxes indicated on lines 16-19.

Please enclose with this form a cheque payable to ClaimSecure for the Total Due (line 21) amount along with the supporting documents and receipts for claim (ie. dental, extended health claim, drug receipts, etc.)

Send to: CLAIMSECURE INC.
PO BOX 6500 STN A
SUDBURY, ONTARIO P3A 5N5
Attention: Manager, Claims Adjudication