

Member Information

Group Number:

Member name:

Certificate Number:

Dispensing Province:

Explanations

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

Claim Account

Amount of Claim:

Administration Fee:

(11) Please state the entire cost including taxes of the claim.

Administration fee is equal to 10% of the claim amount shown on line 11.
 (12) (10% of line 11, minimum \$25, maximum \$500)

Sub Total:

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

Tax

Premium Tax:

(16) Premium Tax is applicable to Claims dispensed in Newfoundland (4%), Ontario (2%) and Quebec only (3%) of the Claim Sub Total (line 13).

Retail Sales Tax:

(17) 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) 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.)

Note: Do NOT staple or tape receipts to the claim form

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