

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:

Sub Total:

(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)

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

Tax

Premium Tax: Retail

Sales Tax:

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

Retail Sales Tax is applicable to claims dispensed in Quebec; (9%) and Ontario;
(17) (8%). In Ontario, RST equals claims (line 11) multiplied by 8%. In Quebec, RST equals claims (line 11) multiplied by 9%.

GST/HST:

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

Total Due:

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

Please email a completed version of this form along with the supporting documents and receipts corresponding to the claim amount indicated on row 11 (i.e. dental, extended health claim, drug receipts, etc.).

Note: Please ensure all information on the documents is visible in the attachments submitted

Send to: costplus@claimsecure.com // coûtmajoré@secureindemnité.com

The submission will be reviewed for eligibility against Canada Revenue Agency eligible medical expense guidelines. Once complete, an email will be returned with confirmation of the final amount owing and instructions for payment. Once payment is received and confirmed, the claim will be processed.