

To avoid delays, please complete the required information by printing clearly in ink.

1. MEMBER INFORMATION

Group Name _____ Group _____ Account _____

Plan Member _____ Certificate _____

2. EXPENSES

Type of Expense _____	Amount Claimed \$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
	Total Expenses \$ _____	A
	Administration Charge \$ _____	B
	(10% of A) (Maximum \$250, Minimum \$25)	
	Subtotal \$ _____	C
	(A + B)	
	Provincial Sales Tax* \$ _____	D
	(*PST: Ontario 8%, Quebec 9.975%)	
	Total \$ _____	E
	(C + D)	

3. PAYMENT

A cheque for the Total (E) payable to The Co-operators is enclosed, together with all receipts pertaining to the amount being claimed. I understand that The Co-operators will issue a cheque payable to the plan member.

"Canada Revenue Agency has indicated that a personal cost plus plan for the sole proprietor (and dependents) of non-incorporated businesses may not qualify as a Private Health Services Plan. Therefore any contribution or premium and administration charges the owner/proprietor pays the insurance company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to Canada Revenue Agency. It is the responsibility of the owner/proprietor to determine his/her eligibility to participate in a cost plus claims reimbursement plan."

I, the undersigned have read ALL of the information on this form and hereby request that the expenses outlined be reimbursed on a cost plus basis.

Approved By _____ Title _____ Date _____
Authorized signing official of the Policyholder MMM/DD/YYYY

Eligibility for cost plus benefits is determined by the Group Policyholder, therefore, it is the Group Policyholder's responsibility to verify Plan Member and Dependent eligibility prior to claims submissions.

4. INSTRUCTIONS FOR THE POLICYHOLDER

1. Expenses eligible for Cost Plus reimbursement are those that can be deducted as medical expenses according to the Canada Income Tax law and that are not covered by another public or private health insurance plan.
2. Each form must be completed IN FULL and signed by the policyholder. A separate form must be completed for each plan member for whom cost plus reimbursement applies.
3. Keep a photocopy.
4. Staple together:
 - the original form,
 - all supporting invoices, and
 - a cheque from the policyholder payable to The Co-operators covering the Total (E).
5. Send stapled documents to:
Co-operators Life Insurance Company
Extended Health & Dental Claims Department
1920 College Avenue
Regina SK S4P 1C4
6. The Co-operators will then issue cheques payable to the designated plan member for the amount of reimbursable expenses. Claims paid under cost plus will not be charged to plan experience and will be excluded for renewal purposes.

5. IMPORTANT INFORMATION FOR THE POLICYHOLDER

1. "Canada Revenue Agency has indicated that a personal cost plus plan for the sole proprietor (and dependents) of non-incorporated businesses may not qualify as a Private Health Services Plan. Therefore any contribution or premium and administration charges the owner/proprietor pays the insurance company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to Canada Revenue Agency. It is the responsibility of the owner/proprietor to determine his/her eligibility to participate in a cost plus claims reimbursement plan."
2. Expenses claimed must be considered eligible medical expenses according to section 118.2 of the Income Tax Act and to Revenue Canada form IT-519 R2.
3. The Revenue Canada website address for reference www.ccr-aadrc.ca. (forms and publications) where the complete list of eligible medical expenses (form IT-519) can be viewed. Revenue Canada toll free number 1-800-959-2221.
4. Eligible dependents, for the purpose of the medical expense tax credit, are dependents who qualify as a "dependent" for that particular taxation year according to Revenue Canada.