

**SPECIAL CLAIMS SERVICES
COST PLUS BILLING STATEMENT**



Instructions to Administrator

1. Payment will be made by Green Shield Canada upon receipt of this completed claim form, along with a cheque made payable to Green Shield Canada for the amount of the claim(s), an administration charge of 10% (minimum \$25.00, maximum \$300.00), applicable HST/GST and PST and supporting original paid receipts and documentation as required by Revenue Canada guidelines.
2. The minimum claim to be processed at any one time is \$100.00 per employee.
3. Calculation of Provincial Sales Tax is dependent upon the province of employment of the employee.
4. Send cost plus package to Green Shield Canada, P.O. Box 1606, Windsor, ON, N9A 6W1 Attention: Accounting

Name of Employee/Plan Member	Green Shield Identification #	Province of Employment
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Billing Division #	Client Name	Province of Company Issuing the cheque to Green Shield Canada
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Medical/Dental Claims (Insert Additional Lines if Required)

Name of Family Member	Relationship to Plan Member	Date of Birth	Age	Description of Claim	Date of Claim	Medical Claim \$	Dental Claim \$

Total Medical/Dental Claims Submitted \$ (A) \$ (B)

Send payment to Employee/Plan Member's address

Send payment to Claims Administrator marked Confidential at employer's address

Continued on the next page



Enter Province of Employment: Ex) ON, QC, NL	(C)	_____
Enter Province of Company Issuing Cheque: Ex) ON, QC, NL	(D)	_____
Total Medical Claims	(A) - above	\$ _____
Total Dental Claims	(B) - above	_____
Total Claims (minimum \$100.00 per employee/Plan Member)	(A + B) (E)	\$ <u>_____</u>
Administration fee @10% [total claims(E) x 10%, minimum \$25.00, maximum of \$300.00]	(F)	_____
Total claims plus administration fee	(E + F) (G)	<u>_____</u>
Ontario Premium tax: If (C) above is ON (G) X 2%	(H)	_____
Other Premium tax based on (C) above QC then (G) X 3.48% NL then (G) X 5.0%	(I)	_____
Ontario Provincial Sales Tax If (C) above is ON then (E) X 8%	(J)	_____
Quebec Provincial Sales Tax If (C) above is QC then (E) X 9%	(K)	_____
Quebec Provincial Sales Tax If (D) above is QC then (F + I) X 9.975%	(L)	_____
HST Based on (D) above ON - 13% (F + I) X Rate NB,NL,NS - 15% PE - 14%	(M)	_____
GST Based on (D) above AB,BC,MB,NT,QC,SK,YK (F + I) X 5%	(N)	_____
Total amount due to Green Shield Canada	(O)	\$ <u>_____</u>

Have you:

Included your cheque in the amount of _____ from (O) \$ _____

Completed the necessary worksheet

Included original receipts/documentation

Date

Signature of Employee/Plan Member

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

Date

Signature of Authorized Person

Print Name and Title