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 | | | | |
|--------------------------------------------------|--------------------------------|-------------------------------|-----|-----------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------|--------------------|--|--|
| Billing Division # | | Client Name | | | Province of Company Issuing the cheque to Green Shield Canada | | | | |
| Medical/Dental Clair | ns (Insert Additiona | l Lines if Require | ed) | | | | | | |
| 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 S | | | | 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 | | | |
| Special Claims Service Page 2 | ces - Cost Plus Billin | g Statement | | | | OS green | shield canada | | |

| Cheque C | Calculation | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|-----------------|-----|-----|--|--|--|--|--|--|
| Enter Prov | vince of Employment: Ex) ON, O | | (C) | | | | | | | | |
| Enter Prov | vince of Company Issuing Chequ | | (D) | | | | | | | | |
| Total Med | lical Claims | | (A) - above | \$ | | | | | | | |
| Total Den | tal Claims | | (B) - above | | | | | | | | |
| Total Clai | ms (minimum \$100.00 per empl | (A + B) | (E) | \$ | | | | | | | |
| Administ | ration fee @10% [total claims | | (F) | | | | | | | | |
| Total clair | ns plus administration fee | (E + F) | (G) | | | | | | | | |
| Ontario Pr | remium tax: If (C) above is Of | | (H) | | | | | | | | |
| Other Pres | mium tax based on (C) above | QC then (G) X 3.48% NL then (G) X 5.0% | | | (I) | | | | | | |
| | rovincial Sales Tax rovincial Sales Tax | X 8% X 9% | | (J) | | | | | | | |
| Quebec Pr | rovincial Sales Tax | I) X 9.975% | | (K) | | | | | | | |
| HST | Based on (D) above | ON - 13% NB,NL,NS - 15% PE - 14% | (F + I) X Rate | | (L) | | | | | | |
| GST | Based on (D) above | AB,BC,MB,NT,QC,SK,YK | (F + I) X 5% | | (M) | | | | | | |
| Total amo | ount due to Green Shield Cana | | (N) | \$ | | | | | | | |
| Have you: Included your cheque in the amount of from (N) \$ Completed the necessary worksheet Included original receipts/documentation | | | | | | | | | | | |
| Date | Signature o | f 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.