

Cheque Calculation

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%		
Quebec Provincial Sales Tax	If (D) above is QC then (F + I) X 9.975%	(K)	_____
HST Based on (D) above	ON - 13% (F + I) X Rate NB,NL,NS - 15% PE - 14%	(L)	_____
GST Based on (D) above	AB,BC,MB,NT,QC,SK,YK (F + I) X 5%	(M)	_____
Total amount due to Green Shield Canada		(N)	<u> \$ </u>

Have you:
 Included your cheque in the amount of _____ from (N) \$
 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