



REQUEST FOR COST PLUS REIMBURSEMENT
SPECIFIC SITUATION

o Please read the information on reverse before completing the form.
o Submit a separate request for each member.

A - IDENTIFICATION – Please print

Name of policyholder PROLINK GROUP SERVICES			Group No. 540845		
Last name of member		First name	Date of birth YY MM DD		Certificate or identification No.
Address - No., street, apt.		City	Province	Postal code	
NAME OF PATIENT			Medical expenses		Dental expenses
1.			\$		\$
2.			\$		\$
3.			\$		\$
4.			\$		\$
5.			\$		\$

B - REIMBURSEMENT CLAIMED

A	TOTAL OF CLAIMS	. Total of medical and dental expenses above			A	<input type="text"/>
B	ADMINISTRATIVE FEES	. A X 10% – Minimum \$25 - Maximum \$150			B	<input type="text"/>
C	CORPORATE PREMIUM TAX	. Que.	A X 2.62%	Enter in box C1	C1	<input type="text"/>
			B X 2.62%	Enter in box C2		
		. Ont.	A X 2%	Enter in box C1		
			B X 2%	Enter in box C2		
		. N.L.	A X 4.167%	Enter in box C1		
		B X 4.167%	Enter in box C2	C2	<input type="text"/>	
D	RETAIL SALES TAX (RST)	. Que.	A X 9% + C1 X 9%	Enter in box D	D	<input type="text"/>
			<input type="text"/> + <input type="text"/>			
	. Ont.	A X 8%	Enter in box D			
E	GST	. Alta, Sask., Man. and P.E.I.	B X 5%	Enter in box E	E	<input type="text"/>
		. Que.	B X 5% + C2 X 5%	Enter in box E		
		<input type="text"/> + <input type="text"/>				
	HST	. Ont. and N.L.	B X 13% + C2 X 13%	Enter in box E		
			<input type="text"/> + <input type="text"/>			
		. N.B.	B X 13%	Enter in box E		
. B.C.		B X 12%	Enter in box E			
	. N.S.	B X 15%	Enter in box E			
F	GST	. Que.	B X 7.5% + C2 X 7.5% + E X 7.5%	Enter in box F	F	<input type="text"/>
			<input type="text"/> + <input type="text"/> + <input type="text"/>			
G	TOTAL REIMBURSEMENT	SUM OF A TO F				<input type="text"/>

C - DECLARATION

Please find enclosed a \$_____ cheque which constitutes the **TOTAL REIMBURSEMENT**, made payable to Desjardins Financial Security, as well as all the original receipts related to this claim. I the undersigned hereby request that you reimburse this member's or dependent's expenses on a cost plus basis. I understand that Desjardins Financial Security will issue a cheque made payable to the member for the **TOTAL OF CLAIMS** specified in A. I declare that I am duly authorized by the policyholder to sign the cost plus reimbursement request.

Name of authorized representative (PLEASE PRINT) Signature of authorized representative Titre Date

Please return the original to Desjardins Financial Security and keep a copy for your files

When can you use the Cost Plus reimbursement?

Expenses eligible for Cost Plus reimbursement:

Cost Plus is an option that can be exercised for all health and dental expenses not covered under the group plan. To be considered eligible, the expense must:

- o Exceed the limits outlined in the Benefits Summary, or
- o Not be covered by the Group Insurance Plan,
- o Be considered an eligible medical expense under the Income Tax Act (Canada).

The advantages are:

- o It covers otherwise uninsured expenses.
- o Premiums are a deductible business expense.
- o Benefits are non-taxable income for the members of all provinces (except Quebec).
- o Claims paid are not charged to the experience of the plan.

Examples of situations where Cost Plus can be used to:

- o Cover deductibles and coinsurance.
- o Cover amounts in excess of maximum benefit levels.
- o Cover expenses that cannot be insured due to plan restrictions.

How-to information

Have you...

- o Completed the form properly and signed where necessary?
- o Calculated the administration fee and applicable taxes?
- o Enclosed a cheque equal to the TOTAL REIMBURSEMENT amount on line G?
Be sure to staple your cheque to the claim form.
- o Enclosed all **original** receipts, expenses and Explanation of Benefits? Be sure to keep a photocopy for your records.

**If information is missing, incomplete or inaccurate,
your Cost Plus documents and cheque will be returned to you.**

What is the Cost Plus process?

- o A request for Cost Plus reimbursement must be submitted by the plan administrator. The request must include the type of expenses to be reimbursed (medical or dental), the name of the member to whom the reimbursement applies, and the member's certificate or identification number. One claim form must be submitted per member.
- o Please note that benefits cannot be assigned to a provider. Incurred claims must be paid in full by the member before a Cost Plus claim is submitted.
- o The claim cheque will be issued to the designated member for the amount of the reimbursable expenses.

Administration fee:

Administrative charges of 10% will be added to claim payments, subject to the following minimum and maximum amounts:

- o for claims of **\$250 or less**, the **minimum** amount required is **\$25**.
- o for claims of **\$1,500 or more**, the **maximum** amount required is **\$150**.

These amounts do not include applicable taxes.

Applicable taxes:

- o Corporate premium tax of 2% will be applied to Ontario residents.
Corporate premium tax of 2.62% will be applied to Quebec residents.
Corporate premium tax of 4.167% will be applied to Newfoundland and Labrador residents.
- o Retail sales tax (RST) of 9% will be applied to Quebec residents.
Retail sales tax (RST) of 8% will be applied to Ontario residents.
- o GST of 5% will be applied to all Alberta, Saskatchewan, Manitoba, Prince Edward Island and Quebec residents.
- o HST of 13% will be applied to Ontario, Newfoundland and Labrador and New Brunswick residents.
HST of 12% will be applied to British Columbia residents.
HST of 15% will be applied to Nova Scotia residents.
- o QST of 7.5% will be applied to Quebec residents.

RST: 4204 3654
GST: 144 324 795
QST: 10 9024 7812

PROVINCE	CORPORATE PREMIUM TAX	PROVINCE	RETAIL SALES TAX (RST)	PROVINCE	GST	PROVINCE	HST	PROVINCE	QUEBEC SALES TAX (QST)
Ont.	2%	Que.	9%	Alta, Sask., Man., P.E.I. and Que.	5%	Ont., N.L. and N.B.	13%	Que.	7.5%
Que.	2.62%	Ont.	8%			B.C.	12%		
N.L.	4.167%					N.S.	15%		