

COST PLUS CLAIM FORM

1. Please read the information on the back of this form prior to completing it.
2. Submit a separate claim for each insured member.

POLICYHOLDER INFORMATION

Company name: _____ Policy number: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____

PLAN MEMBER INFORMATION

Plan member's name: _____ Date of birth: _____ Certificate number: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____

CLAIM REIMBURSEMENT CALCULATION

Premium Tax: ON: 2.00% QC: 3.48% NL: 5.00%

A.	Total of Medical and Dental Claims				A	\$		
B.	Fee: 10% of claims (A) subject to a maximum of \$300 and a minimum of \$50				B	\$		
C.	Premium tax (select the premium tax rate based on the plan member's province)							
	C1 = A x _____ %			C1	\$			
	C2 = B x _____ %			C2	\$			
D	Provincial sales tax							
	D1 Ontario member:	A X 8%		D1	\$			
	D2 Quebec member:	(A + C1) X 9%		D2	\$			
E.	HST/GST/QST based on Policyholder's province							
	E1	HST	13%	(B + C2) X 13%	E1	\$		
	E2	HST	15%	(B + C2) X 15%	E2	\$		
	E3	GST	5%	(B + C2) X 5%	E3	\$		
	E4	QST	9.975%	(B + C2) X 9.975%	E4	\$		
F.	Cheque payable to Assumption Life (sum of lines A to E4)				Total	F	\$	

DISCLAIMER

Assumption Mutual Life Insurance Company, hereinafter Assumption Life, acts as the administrator and not as the insurer of the plan. The Policyholder is therefore financially and legally liable for all Cost Plus claims submitted to Assumption Life. The Policyholder also accepts full responsibility for any tax consequences for the plan member and/or the Canada Revenue Agency related to this reimbursement, and releases Assumption Life from any such liability. The Policyholder agrees to compensate Assumption Life for damages, obligations, at-source deductions, penalties, fines, interest and any other fees, including legal fees, arising from this Cost Plus claim.

POLICYHOLDER DECLARATION

The Policyholder has to obtain confirmation from the plan member stating that the plan authorizes Assumption Life to collect, communicate and use the necessary personal information to manage their file and process benefits related to this claim. The Policyholder also affirms that the information provided here and in all of the attached documents is true and that Assumption Life can rely on said information to process this claim.

The Policyholder recognizes that:

- a) Assumption Life will not evaluate the eligibility of the expenses claimed for tax purposes.
- b) Assumption Life did not provide advice, including tax advice, concerning the administration of this claim.
- c) Assumption Life is not responsible for withholding income taxes or making at-source deductions, which remains the sole responsibility of the Policyholder.

I, the undersigned, hereby request the reimbursement of the Total claimed (line A) under this Cost Plus claim. Please find enclosed a cheque for \$ _____, which represents the Total paid to Assumption Life (line F). I understand that Assumption Life will reimburse the plan member for the Total claimed (line A). I declare that I am duly authorized by the Policyholder to sign the Cost Plus claim form.

Name of authorized person (PLEASE PRINT)

Title

Signature of authorized person (mandatory)

Date

WHAT IS A COST PLUS CLAIM?

A Cost Plus claim is a claim, submitted on an exceptional basis, for medical or dental expenses that aren't covered by your group insurance plan or your administrative services only (ASO) plan, but which are generally deemed eligible for tax purposes. Plan members and their dependants must be covered by health or dental insurance benefits under their group insurance plan or ASO plan to submit a Cost Plus claim.

The Policyholder pays Assumption Life, which acts as the administrator (not as the insurer) 100% of the expenses incurred by the plan member that are not covered by the group insurance plan or ASO plan. Assumption Life then issues a benefit payment to the plan member in the amount of the Total claimed (line A).

The claimed medical expenses become eligible only when the requirements of a private health insurance plan, as defined by tax legislation, are met. The reimbursement is treated as a non-taxable benefit for the plan members in all provinces except Quebec. The reimbursement and the administration costs incurred to issue the former are considered eligible business expenses for the Policyholder.

Note

The Canada Revenue Agency (CRA) may not consider the expenses submitted in the Cost Plus claim as eligible medical expenses. Consequently, all the Cost Plus claims a plan member submits in a given year may be considered as taxable income for the plan member and as non-eligible business expenses for the Policyholder. We recommend having a tax advisor evaluate this claim prior to submitting it.

HOW TO SUBMIT A COST PLUS CLAIM:

You will have to:

- Complete all sections of the form and sign where indicated.
- Enclose a cheque for the Total paid to Assumption Life (line F).
- Include all original receipts and documents with the claim form and keep copies for your records as you will not be provided with a claims history report.
- Send documents to Assumption Life,

PO Box 160
Moncton, NB
E1C 8L1

How the reimbursement process works:

- The Policyholder submits the Cost Plus claim to Assumption Life, providing the following information on the claim form: the total amount of the medical and dental claims to be reimbursed, the name of the plan member who will be reimbursed and the plan member's certificate or identification number. One claim form must be submitted per plan member.
- Assumption Life will reimburse the plan member for the eligible medical or dental expenses.

Benefits cannot be paid directly to the provider; expenses must be paid out-of-pocket by the plan member before the Policyholder can submit a Cost Plus claim to Assumption Life.

ADMINISTRATION FEES

- A 10% administration fee will be added to any amounts claimed.
- The minimum administration fee is \$50.
- The maximum administration fee is \$300.
- This amount does not include applicable taxes.