

**REQUEST FOR COST PLUS REIMBURSEMENT  
SPECIFIC SITUATION**

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

**A - IDENTIFICATION - Please print**

Name of policyholder				Group no.	
Last name of member		First name		Date of birth YYYY 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**

<b>A</b>	<b>TOTAL OF CLAIMS</b>	Total of medical and dental expenses above		<b>A</b>	\$ -	
<b>B</b>	<b>ADMINISTRATIVE FEES</b>	A x 12% (Minimum \$25 - Maximum \$150)		<b>B</b>	\$ -	
<b>C</b>	<b>CORPORATE PREMIUM TAX</b>	<b>Que.</b>	A x 2,354%	Enter in box C1	<b>C1</b>	\$ -
			B x 2,354%	Enter in box C2		
		<b>Ont.</b>	A x 2,00%	Enter in box C1		
			B x 2,00%	Enter in box C2		
		<b>N.L.</b>	A x 4,167%	Enter in box C1		
		B x 4,167%	Enter in box C2	<b>C2</b>	\$ -	
<b>D</b>	<b>RETAIL SALES TAX (RST)</b>	<b>Que.</b>	A x 9,0% + C1 x 9,0%	Enter in box D	<b>D</b>	\$ -
			\$ - + \$ -			
	<b>Ont.</b>	A x 8,0%		Enter in box D		
<b>E</b>	<b>GST</b>	<b>Alb., Man., Sask. and B.C.</b>	B x 5,0%	Enter in box E	<b>E</b>	\$ -
			\$ -			
	<b>Que.</b>	B x 5,0% + C2 x 5,0%	Enter in box E			
		\$ - + \$ -				
	<b>HST</b>	<b>Ont. and N.L.</b>	B x 13,0% + C2 x 13,0%	Enter in box E		
		\$ - + \$ -				
	<b>N.B.</b>	B x 13,0%		Enter in box E		
	<b>P.E.I.</b>	B x 14,0%		Enter in box E		
	<b>N.S.</b>	B x 15,0%		Enter in box E		
<b>F</b>	<b>QST</b>	<b>Que.</b>	B x 9,975% + C2 x 9,975%	Enter in box F	<b>F</b>	\$ -
			\$ - + \$ -			
<b>G</b>	<b>TOTAL REIMBURSEMENT</b>	<b>TOTAL OF A TO F</b>			<b>G</b>	\$ -

**C - DECLARATION**

Please find enclosed a \$ 0,00 cheque which constitutes the TOTAL REIMBURSEMENT, made payable to Desjardins Financial Security, Life Insurance Company 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, Life Insurance Company 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      Title      Date  
email address: \_\_\_\_\_

Please return the original to Desjardins Financial Security, Life Insurance Company 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:

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

### The advantages are:

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

### Cost Plus can be used to:

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

## How-to information

### Have you...

- Completed the form properly and signed where necessary?
- Calculated the administration fee and applicable taxes?
- Enclosed a cheque equal to the TOTAL REIMBURSEMENT amount on line G?  
Be sure to staple your cheque to the claim form.
- 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?

- 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.
- 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.
- The claim cheque will be issued to the designated member for the amount of the reimbursable expenses.

### Administration fee:

- Administrative charges of 12% will be added to claim payments.
- The minimum amount of the applicable administration fee is \$25.
- The maximum amount of the applicable administration fee is \$150.
- This amount does not include applicable taxes.

### Applicable taxes:

- Corporate premium tax of 2% will be applied to Ontario residents.  
Corporate premium tax of 2.354% will be applied to Quebec residents.  
Corporate premium tax of 4.167% will be applied to Newfoundland and Labrador residents.
- Retail sales tax (RST) of 9% will be applied to Quebec residents.  
Retail sales tax (RST) of 8% will be applied to Ontario residents.
- GST of 5% will be applied to all Alberta, Saskatchewan, Manitoba, British Columbia and Quebec residents.
- HST of 13% will be applied to Ontario, Newfoundland and Labrador and New Brunswick residents.  
HST of 14% will be applied to Prince Edward Island residents.  
HST of 15% will be applied to Nova Scotia residents.
- QST of 9,975% will be applied to Quebec residents.

RST: 4204 3654

GST: 144 324 795

QST: 144 324 795

PROVINCE	CORPORATE PREMIUM TAX
Ontario	2,0%
Quebec	2,354%
N.L.	4,167%

PROVINCE	RETAIL SALES TAX (RST)
Quebec	9,0%
Ontario	8,0%

PROVINCE	GST
Alberta, Sask., Manitoba, B-C and Quebec	5,0%

PROVINCE	HST
Ont., N.L. and N.B.	13,0%
P-E-I	14,0%
N.S.	15,0%

PROVINCE	QUEBEC SALES TAX (QST)
Quebec	9,975%