



COST PLUS BENEFIT CALCULATION FORM

Group Policy No.: _____ Certificate No.: _____

Insured: _____

Amount Claimed	DENTAL	_____
	EHB	_____
(per benefit, per certificate, per claim)		(1) _____
Administration Fee (minimum of \$25 or 10% of claimed amount to maximum of \$150)		(2) _____
ADD LINES 1 AND 2	SUB-TOTAL	(3) _____
Premium Tax (2% of line 3 for Ontario residents, or 3.48% of line 3 for Quebec residents)		(4) _____
ADD LINES 3 AND 4	SUB-TOTAL	(5) _____
Retail Sales Tax (8% of line 3 for Ontario residents, or 9% of line 5 for Quebec residents)		(6) _____
ADD LINES 5 AND 6	TOTAL	(7) _____

Enclose a cheque in the amount shown on line 7 with this form. Please also attach your Standard Dental or Extended Health Claim form, and receipts (if applicable).

N.B. It is the Employer's responsibility to ensure that:

- (1) cost plus claims are Eligible Medical Expense under the Income Tax Act
- (2) all dependants meet the definition of eligible dependant under the Income Tax Act
- (3) cost plus claims have not been previously reimbursed or submitted as deductible expense