



COST PLUS BENEFIT CALCULATION FORM

Group Policy No.: _____ Certificate No.: _____
Insured: _____

Amount Claimed **DENTAL** _____
EHB _____
(per benefit, per certificate, per claim) (1) _____

Administration Fee (2) _____
(minimum of \$25 or 10% of claimed amount
to maximum of \$150)

ADD LINES 1 AND 2 **SUB-TOTAL** (3) _____

Premium Tax (4) _____
(2% of line 3 for Ontario residents, or
3.48% of line 3 for Quebec residents)

ADD LINES 3 AND 4 **SUB-TOTAL** (5) _____

Retail Sales Tax (6) _____
(8% of line 3 for Ontario residents, or
9% of line 5 for Quebec residents)

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