

# Request for Cost-Plus Reimbursement



**Instructions:**

- 1) Expenses eligible for reimbursement under Cost-Plus are:
  - a) expenses not covered by any other public or private health insurance plan;
  - b) expenses that qualify for the medical expense credit under the Income Tax Act;
  - c) expenses incurred during the current or preceding calendar year; subject to the effective date of the Cost Plus Agreement.
- 2) Complete a separate form for each employee. The employee must be a member of a class of employees eligible for Cost-Plus reimbursement.
- 3) This form must be completed in full, and signed and dated by the Employer.
- 4) Attach all **original** invoices, paid receipts, benefit statements issued by all Insurers, and any other supporting documents. Retain copies of all documents for your records.
- 5) Attach a cheque from the Employer, **payable to BBD**, for the Grand Total indicated in Section 3, Box F.
- 6) When the Cost-Plus claim is processed, BBD will issue a cheque made payable to the employee for the amount of reimbursable expenses indicated in Section 3, Box A.
- 7) Mail the original completed form, all supporting documentation and the cheque from the Employer to **BBD**. BBD will certify enrollment of the employee and the eligibility of the dependents before the Cost-Plus reimbursement can be processed.
- 8) BBD will require additional authorization when a claim is in excess of \$10,000. A form will be sent to the Employer upon review of the claim.

**Section 1: Employer Information**

Name of Employer	Insurer (if applicable)	Group Number
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**Section 2: Employee Information**

Name of Employee	Complete Mailing Address
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**Section 3: Claim Information**

Total Reimbursable Expenses (attach all invoices, receipts and other supporting documents)	\$	<b>Box A</b>
Administration Charge – <u>10%</u> of Box A (* <b>min \$25.00/max \$300.00</b> )	\$	<b>Box B</b>
Sub-Total (Box A + Box B)	\$	<b>Box C</b>
Provincial Sales & Premium Taxes (ON/QB/NFLD only) – ON 10% of Box C; QB 11.35%; NFLD 4% of Box C	\$	<b>Box D</b>
GST / HST (NB, NS, NFLD only) <b>on Administration Charge</b> (5% / 13% of Box B)	\$	<b>Box E</b>
Grand Total (Box C + Box D + Box E)	\$	<b>Box F</b>

**Section 4: Employee and Employer Authorization**

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize BBD to exchange information with other parties as required when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.		
Signature of Employee	Date Signed	
Signature of Authorized Official	Title	Date Signed

**TAX TREATMENT:** The characterization of the Contributions and the Claims paid under the ITA is a matter to be assessed solely by the Policyholder. The Policyholder should consult an accountant about tax treatment and CRA guidelines. The Administrator is not legally responsible for any and all claims that are not accepted by CRA.

