

Cost Plus Benefit Plans are provided directly by the Group Policyholder and are not insured by Group Medical Services.

A. Employer Information (to be completed by Plan Administrator)			
Employer Name (Group Policyholder)			Group Number
Plan Administrator Name	Phone ()	Email	

B. Personal Information (to be completed by Employee/Plan Member)			
First Name	Last Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY)
Address	City/Town	Province	Postal Code
Phone ()	Email	GMS ID No.	

C. Claim Calculation (to be completed by Plan Administrator)										
Type of Expenses (i.e. ambulance, crutches, etc.)	No. of Claims									
Total Amount of Claims	A <input type="text"/>									
Administrative Fee A x 10% enter into box B (the amount in box B must be a minimum of \$25 to a maximum of \$500)	B <input type="text"/>									
Premium Tax (Ontario and Newfoundland & Labrador Residents Only)										
<table border="0"> <tr> <td>Ontario</td> <td>Newfoundland & Labrador</td> <td></td> </tr> <tr> <td>A x 2% enter into box C1</td> <td>A x 5% enter into box C1</td> <td>C1 <input type="text"/></td> </tr> <tr> <td>B x 2% enter into box C2</td> <td>B x 5% enter into box C2</td> <td>C2 <input type="text"/></td> </tr> </table>	Ontario	Newfoundland & Labrador		A x 2% enter into box C1	A x 5% enter into box C1	C1 <input type="text"/>	B x 2% enter into box C2	B x 5% enter into box C2	C2 <input type="text"/>	
Ontario	Newfoundland & Labrador									
A x 2% enter into box C1	A x 5% enter into box C1	C1 <input type="text"/>								
B x 2% enter into box C2	B x 5% enter into box C2	C2 <input type="text"/>								
RST (Ontario Residents Only) A x 8% enter into box D	D <input type="text"/>									
GST (Alberta, Saskatchewan, Manitoba, British Columbia, Yukon and Northwest Territories Residents Only) B x 5%	E <input type="text"/>									
HST (Ontario, Nova Scotia, Newfoundland & Labrador, and Prince Edward Island Residents Only)										
<table border="0"> <tr> <td>Ontario</td> <td>Nova Scotia, Newfoundland & Labrador and Prince Edward Island</td> <td></td> </tr> <tr> <td>B x 13% enter into box F</td> <td>B x 15% enter into box F</td> <td>F <input type="text"/></td> </tr> </table>	Ontario	Nova Scotia, Newfoundland & Labrador and Prince Edward Island		B x 13% enter into box F	B x 15% enter into box F	F <input type="text"/>				
Ontario	Nova Scotia, Newfoundland & Labrador and Prince Edward Island									
B x 13% enter into box F	B x 15% enter into box F	F <input type="text"/>								
Total Amount Payable to GMS (box A+B+C1+C2+D+E+F)	G <input type="text"/>									

D. Payment Options (to be completed by Plan Administrator)

- Cheque
 Visa MasterCard

Credit Card Number	Expiry Date (MM/YY)	Signature of Cardholder X
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E. Declaration (to be completed by Plan Administrator)

I certify that consent has been obtained from the Plan Member and declare the statements made herein are true and complete. For the purposes of administering any Group Medical Services (“GMS”) benefits, products or services (collectively “benefits”) and/or determining eligibility for benefits, I authorize GMS to: (a) collect, store and use any personal information which I have provided to GMS or personal information obtained pursuant to clause (b); and/or (b) obtain personal information about me (or any other person listed herein) from, or disclose such personal information to: my plan sponsor, Government Health Insurance Plan; the operator of any hospital, clinic, or other health facility; a doctor or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described above.

Eligibility for Cost Plus Benefits is determined by the Group Policyholder, therefore it is the Group Policyholder’s responsibility to verify Employee and Dependent eligibility prior to claim submissions, to ensure cost plus claims are Eligible Medical Expenses under the Income Tax Act and that cost plus claims have not been previously reimbursed or submitted as deductible expenses. Employers, group policyholders and individuals are strongly advised to consult their tax advisor before submitting claims through Cost Plus as Cost Plus may not be a tax-effective strategy as not all medical procedures are non-taxable benefits.

I agree that my electronic signature in this agreement has the same legal effect as handwritten signatures. Electronic signatures include any information in electronic form that a party has created or adopted in order to sign a document and that is in, attached to, or associated with the document, including signatures sent by fax or email.

Approved by: (Signature of Plan Administrator) X	Date (DD/MM/YYYY)
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Print Name and Title

Please remember the following when submitting claims:

- Attach only original itemized receipts.
- GMS does not return receipts; please keep a photocopy of the receipt if necessary.
- Include a cheque payable to Group Medical Services or provide your company credit card information for payment (in the amount of box **G**).