



Cost-Plus is designed to cover health or dental expenses that are not covered under the terms of the group policy.

WHEN IS COST-PLUS USED?

- 1. To top up health or dental expenses covered at less than 100% or when a fixed dollar maximum has been reached and a claim exceeds that dollar maximum.
2. To provide reimbursement for a procedure or expense that is not covered under the terms of the policy.

TO CLAIM, WE REQUIRE THE FOLLOWING

- If not reimbursed in full under the insured plan, an original Cost-Plus claim form, a copy of the claim statement that indicates unpaid balance, and a company cheque to include the amount of unpaid balance, plus our 10% administration charge and the applicable taxes (premium tax, PST, HST/GST).
• For claims that are not part of the insured plan, an original Cost-Plus claim form and a company cheque to include the full cost of the claim, the 10% administration charge and the applicable taxes (premium tax, PST, HST/GST).

Notes:

- A 10% administration fee will be charged for Cost-Plus payments, and applicable taxes (premium tax, PST, HST/GST). The minimum charge is \$25 per claim up to a maximum charge of \$300 per claim (cheque).
• The minimum claim amount eligible for reimbursement is \$100. Receipts must be accumulated to an amount of \$100 or more per plan member before submission.

CALCULATION EXAMPLE (ONTARIO CLAIM)

Table with 4 columns: Description, Amount, Tax Code, and Total. Rows include: Total claims: A + B (minimum \$100) - \$500.00 - C; Administration fee @ 10%: C x 10% (minimum \$25, maximum \$300) - \$50.00 - D; Total claims plus Administration fee: C + D - \$550.00 - E; Premium tax (ON/QC/NL only): E x Premium tax [2%] (refer to chart on p.3) - \$11.00 - F; GST/HST (on Admin. fee only): D x GST/HST [13%] (refer to chart on p.3) - \$6.50 - G; PST (on Total claims ON/QC only): C x PST [8%] (refer to chart on p.3) - \$40.00 - H; Total amount due to RBC Insurance: (E + F + G + H) - \$607.50.



Instructions to Administrator

- 1. Payment will be made by RBC Insurance upon receipt of this completed claim form, along with a cheque made payable to RBC Insurance for the amount of the claim(s), an administration charge of 10% (minimum \$25, maximum \$300), applicable HST/GST and PST, and supporting original paid receipts and documentation as required by Revenue Canada guidelines.
- 2. The minimum claim to be processed at any one time is \$100 per employee.
- 3. Calculation of Provincial Sales Tax is dependent upon the province of employment of the employee.
- 4. Send Cost-Plus package to RBC Insurance, P.O. Box 1600, Windsor, ON, N9A 6W1, Attention: Client Administration.

Name of Employee/Plan Member	Plan Member Identification #	Province of Employment
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Policy # including Billing Division # (if applicable)	Client Name	Province of Company Issuing the cheque to RBC Insurance
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Medical/Dental Claims (insert additional lines if required)

Name of Family Member	Relationship to Plan Member	Date of Birth	Age	Description of Claim	Date of Claim	Medical Claim \$	Dental Claim \$

Total Medical/Dental Claims Submitted \$ \_\_\_\_\_ - \$ \_\_\_\_\_  
A B

Send payment to Employee/Plan Member's address

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Send payment to Plan Administrator marked "Confidential" at Employer's address

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Total claims: A + B (minimum \$100)	\$	C
Administration fee @ 10%: C x 10% (minimum \$25, maximum \$300)	\$	D
Total claims plus Administration fee: C + D	\$	E
Premium tax (ON/QC/NL only): E x Premium tax (refer to chart below)	\$	F
GST/HST (on Admin. fee only): D x GST/HST (refer to chart below)	\$	G
PST (on Total claims ON/QC only): C x PST (refer to chart below)	\$	H
<b>Total amount due to RBC Insurance: (E + F + G + H)</b>	<b>\$</b>	

Premium Tax	
ON	2%
QC	2.30%
NL	4%

GST	
AB	5%
MB	5%
SK	5%
QC	5%
BC	5%
YK	5%
NT	5%
NU	5%

HST	
ON	13%
PEI	14%
NS	15%
NB	13%
NL	13%

Provincial Tax	
ON	8%
QC	9.975%

Have you:

- Included your cheque for the amount shown above?
- Completed the necessary worksheet?
- Included original receipts/documentation?

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Employee/Plan Member

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 RBC Insurance to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Plan Administrator \_\_\_\_\_ Printed Name and Title

Important notice: If information is missing, incomplete or inaccurate, your cheque and Cost-Plus documents may be returned to you.