



COST PLUS CLAIM FORM

Under a **Cost Plus** funding arrangement, the policyholder pays **upfront** for the cost of the claim **plus** Beneplan administration fees and taxes.

Please submit completed form including total payable cheque to:

Cost Plus Claims
Beneplan Inc.
500-150 Ferrand Drive
Toronto, ON M3C 3E5

Claim Information Section

Employee Name: _____

Employee Address: _____

Company Name: _____

Policy #: _____

Certificate #: _____

Date: _____

Total of Attached Claims: _____

Add 5% admin fee: _____

Subtotal: _____

Add Retail Sales Tax (RST) 8% of Subtotal: _____

Total Payable to Beneplan: _____

Signature of Authorized Officer _____
