REQUEST FOR ADDITIONAL REIMBURSEMENT BENEFIT (COST PLUS) REIMBURSEMENT

Manitoba

Policyholder _____ Group # _____ Administrator _____

Insured _____ Certificate # _____ Date _____

INSTRUCTIONS FOR THE POLICYHOLDER

1. Expenses eligible for Cost Plus reimbursement are those that can be deducted as medical expenses according to the Canada Income Tax law and that are not covered by another public or private health insurance plan.
2. Each form must be completed IN FULL and signed by the policyholder. A separate form must be completed for each employee for whom cost plus reimbursement applies.
3. Keep a photocopy for your records.
4. Staple together and submit:
   - the original form
   - all supporting invoices, and
   - a cheque from the policyholder if prepaying.
5. Send stapled documents to:
   RWAM Insurance Administrators Inc.
   Claim Department – Cost Plus
   49 Industrial Drive
   Elmira, Ontario N3B 3B1
6. If you are including a cheque for the full amount of the ARB claim, RWAM will issue cheques payable to the designated employee for the amount of reimbursable expenses immediately. Otherwise, the billed amount will show on your next monthly billing as an ARB expense and the cheque will not be released until full payment is received.

Claims paid under cost plus will not be charged to plan experience and will be excluded for renewal purposes.

IMPORTANT INFORMATION

- Canada Revenue Agency (CRA) has indicated that a personal cost plus plan for the owner/proprietor (and dependents) only may not qualify as a Private Health Services Plan. Therefore, any contribution or premium and administration charges the owner/proprietor pays the Insurance Company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to CRA.
- Expenses claimed must be considered eligible medical expenses according to Canada Revenue Agency Income Tax Folio S1-F1-C1 : Medical Expenses Tax Credit.
- Visit the CRA website at www.cra.gc.ca where the complete list of eligible medical expenses (from S1-F1-C1) can be viewed. CRA's toll free number is 1-800-959-8281.
- Eligible dependents, for the purposes of the medical expense tax credit, are dependents who qualify as a "dependent" for that particular taxation year according to CRA.

I the undersigned, hereby request that the expenses outlined below be reimbursed on a cost plus basis.

Claimant	Claim Amount		RWAM Admin. Fee (8%)		Total
_____	$ _____	+	$ _____	=	$ _____
_____	$ _____	+	$ _____	=	$ _____
_____	$ _____	+	$ _____	=	$ _____
_____	$ _____	+	$ _____	=	$ _____
_____	$ _____	+	$ _____	=	$ _____
Sub Totals	$ _____ (A)	+	$ _____ (B)	=	$ _____ (C)

Note: The Administration Fee is capped at $250.00 maximum per claim and $10.00 minimum

Taxes

Total (Claim + Admin. fee) $_____ (C)

Provincial Sales Tax 8%
(8% of C) _____ (D)

Admin. fee only _____ (B)

G.S.T. - *applies only to Admin fee* (5% of B) _____ (E)

Total Submitted to RWAM (C+D+E) $_____

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.

Approved by _____
Authorized Signing Official

_____ _____
Title *Date*