



COST PLUS REMITTANCE FORM

Firm Name _____ Firm Number _____

Employee Name _____ Certificate Number _____

Employee Address _____

Patient's Name _____ Patient's Birthdate _____

Patient's Relationship to Insured _____

1. Total Current Claims (Please attach original receipts.) Dental: \$ _____ + Health \$ _____ = \$ _____	(A)																								
2. Administration Fee Does your Firm have coverage with Sirius Benefit Plans for the type of expenses you are claiming? <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; width: 30%;">Dental</th> <th style="text-align: center; width: 30%;">Health</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">YES: \$ _____</td> <td style="text-align: center;">+ \$ _____</td> <td style="text-align: center;">= \$ _____)</td> </tr> <tr> <td style="text-align: center; font-size: small;">5% of Dental Expense</td> <td style="text-align: center; font-size: small;">5% of Health Expense</td> <td style="text-align: center; font-size: small;">Minimum \$15.00)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; font-size: small;">Maximum \$250.00)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; font-size: small;">+</td> </tr> <tr> <td style="text-align: center;">NO: \$ _____</td> <td style="text-align: center;">+ \$ _____</td> <td style="text-align: center;">= \$ _____)</td> </tr> <tr> <td style="text-align: center; font-size: small;">12% of Dental Expense</td> <td style="text-align: center; font-size: small;">12% of Health Expense</td> <td style="text-align: center; font-size: small;">Minimum \$15.00)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; font-size: small;">Maximum \$600.00) =</td> </tr> </tbody> </table>	Dental	Health		YES: \$ _____	+ \$ _____	= \$ _____)	5% of Dental Expense	5% of Health Expense	Minimum \$15.00)			Maximum \$250.00)			+	NO: \$ _____	+ \$ _____	= \$ _____)	12% of Dental Expense	12% of Health Expense	Minimum \$15.00)			Maximum \$600.00) =	(B)
Dental	Health																								
YES: \$ _____	+ \$ _____	= \$ _____)																							
5% of Dental Expense	5% of Health Expense	Minimum \$15.00)																							
		Maximum \$250.00)																							
		+																							
NO: \$ _____	+ \$ _____	= \$ _____)																							
12% of Dental Expense	12% of Health Expense	Minimum \$15.00)																							
		Maximum \$600.00) =																							
3. Subtotal Current Claims & Administration Fee Add (A) + (B)	(C)																								
4. Premium Tax Add - Ontario – 2%, Quebec – 2.35%, Nfld/Labrador – 4%, of Total Current Claims and the Administration Fee (C) All other provinces exempt	(D)																								
5. Total Claims plus Administration Fee and Premium Tax Add [(A) + (B) + (D)]	(E)																								
6. GST (GST # R137796124) Add 6% of Total Administration Fee only (B) <u>* Quebec residents only:</u> Add 6% of Administration Fee and Premium Tax (B + D)	(F)																								
7. Provincial Sales Tax: Ontario residents only add 8% to the total claims and Administration Fee (C) Quebec residents only add 9% to the total claims (A)	(G)																								
8. TOTAL AMOUNT PAYABLE TO AGM: Add [(E) + (F) + (G)]	(H)																								

As the authorized official of the above firm, I acknowledge that I have read and understand the Cost Plus Guidelines as stipulated on the backside of this form. I authorize Sirius Benefit Plans 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 in order to process the attached claims on behalf of myself, my family and/or my employee(s).

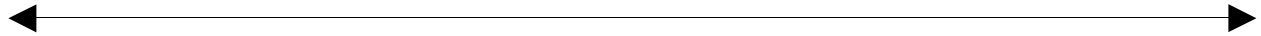
Signature of Authorized Representative

Date

Continued on next page

Please note that expenses should be submitted through your extended health and or dental coverage prior to submitting through Cost Plus (if applicable). Once you have received your explanation of benefits (E.O.B.), submit the Cost Plus Remittance Form, along with the original receipts or E.O.B, and a Company cheque (payable to Sirius Benefit Plans.). This information should be sent in a separate envelope to:

**Sirius Benefit Plans
Cost Plus Division
221 – 2025 Corydon Avenue
Winnipeg, Manitoba R3P 0N5**



COST PLUS GUIDELINES

The COST PLUS program can be used as a “top up” option that extends to the coverage of your Sirius Benefit Plans policy, or as a stand alone benefit if Extended Health and Dental are not chosen. The program will cover all services considered by Canada Customs and Revenue Agency (C.C.R.A.) as eligible expenses under the Canadian Income Tax Act. In addition, the definition of dependant coverage will allow the employee to cover not only dependants as defined in your group plan (spouse and dependant children only) but will include dependants as they are defined under the Income Tax Act. Please note that the Canadian Income Tax Act has set out certain guidelines that must be followed when using the Cost Plus Option. **Sirius Benefit Plans is not responsible for expenses that Revenue Canada may deem ineligible. We strongly recommend that you contact your accountant for possible limitations and exclusions.**

Please note: Firms are unable to Cost Plus expenses if (1) their account is in arrears; (2) the firm’s policy has been terminated; or (3) the firm’s policy is pending termination.

If you have any questions regarding this program, please contact your local marketing representative or Sirius Benefit Plans at:

204– 488-7600
Toll Free: 1-800-663-8833