

**MDM CLAIMS PAYMENT SERVICE
COST PLUS**

Company Name: _____

Name of Employee: _____

CLAIM DETAILS:

		<u>Example</u>
Amount of Claim	\$ _____	\$1000.00
+ 5% Service Fee* (Min. \$35.00, Max. \$150.00)	\$ _____	\$50.00
Subtotal (total 1)	\$ _____	\$1050.00
+ 2% Premium Tax & 8% PST* (total 1 X 10%)	\$ _____	\$105.00
TOTAL*	\$ _____	\$1155.00

* Includes HST & RST as applicable.

“Revenue Canada 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 Revenue Canada.”

PAYMENT INSTRUCTIONS:

Please make your cheque payable to “**MDM ASO Plan**” for the above total and send to:

Plan Administrator, ASO
MDM Insurance Services Inc.
P.O. Box #970
Guelph, Ontario
N1H 6N1

Payment concerning this claim will be sent as soon as your cheque, original supporting documents (i.e., dental claim form, drug receipts, etc.) and a copy of this form are received. **In order to be eligible for payment, all receipts must be submitted within 24 months of the date that the expense was incurred.**

The claim cheque should be made payable to: Employee, or

(print)

Address to send cheque: _____

Authorized Signature