

**CPGA Group Benefits Plan
Policy # CPGA 71194**

“COST PLUS” Claims Form

Member's Name : _____

Address : _____

Amount of Claim: _____

Plus Administration Charge : (15% of the above) _____

Plus P.S.T. : (Ont. 8%; Que. 9%) _____

Total Premium : (cheque attached) _____

IMPORTANT: Please return this form with your original receipts for the uncovered items and/or a copy(ies) of your Sun Life Assurance "Explanation of Benefits Statement(s)" (showing the unpaid amounts which you are claiming). Your cheque for the total premium must also be attached.

Your company cheque should be payable to Simmlands Insurance Brokers Ltd.

- Cost Plus can be used for eligible expenses that qualify for the medical expense tax credit under the Income Tax Act. This may include expenses not covered by your dental plan.
- I certify that expenses claimed qualify for reimbursement under Cost Plus
- I understand that expenses for which I am reimbursed under Cost Plus cannot be claimed for Income Tax purposes. I also acknowledge that the persons for whom I am making claim are eligible and include myself, my spouse, and any dependents for whom I am eligible to claim a medical expense tax credit as defined in the Income Tax Act. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes.
- I certify that the statements in this claim are true and complete and do not contain a claim for expenses previously paid for by this or any other plan. I authorize the following to exchange information needed for underwriting, administration or paying claims: Sun Life Company of Canada; Simmlands Insurance Brokers Ltd.; my plan sponsor; any person or organization who has relevant information about me and my minor dependents (if any), including health care professionals, institutions, and insurers performing services for Sun life.

Signature of Insured: _____ Date: _____

Company Use Only

Base Plan: _____ Date: _____

Authorization: _____

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