



# Request for Cost Plus Reimbursement

Name of Policyowner

Group Policy Number

**Prolink Group Services**

**540845**

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

Name of Employee

Certificate Number



Name of Patient (please list claims by patient)	Type of Service	Amount to be Reimbursed

Total Charges of Claims Submitted **A**

Administration Charge – 10% of **A**  
**Minimum Administration Charge \$25.00**  
**Maximum Administration Charge \$150.00**

**B**

* Premium Tax Chart			
Province	Premium Tax	Province	Premium Tax
Alberta	0%	Ontario	2%
BC	0%	PEI	0%
Manitoba	0%	Quebec	2.35%
NB	0%	SK	0%
NF	4%	NWT	0%
NS	0%		

Sub Total of A and B **C**

\*Premium Tax ( % of C)  
(Based on A and B)

**D**

Sub Total  
Total of C and D **E**

6% GST Tax  
(Based on B and D)

**F**

**Applicable in all Provinces**

Sales Tax ( % of C)  
8% Ontario Residents  
9% Quebec Residents

**G**

**Grand Total**  
**(Total of E, F, and G)**

**H**

A cheque for , payable to **Desjardins Financial Security** Life Assurance Company is enclosed, together with all paid receipts/completed claims forms pertaining to the reimbursement being claimed.

I understand that Desjardins Financial Security Life Assurance Company will issue a cheque payable to the employee for the total amount to be reimbursed.

**Dated At**                      **this**                      **day of**                      **Year**

--	--	--	--

**Signature of Authorized Official**

**Title**