

CostPlus Claims Authorization

Automatic Deduction of \$5 from Reimbursement for Claims Under \$50

Company Name _____

Employee Name _____

Last Name

First Name

Claim for Employee and/or Dependent(s)

Payment to Employee or Service Provider

Eligible Claim Amount 1 _____

Balance of Annual Maximum 2 _____

Lower of 1 or 2 above _____

Reimbursement Percentage (enter .8 for 80%) _____

Reimbursement Amount _____

Processing Fee Percentage _____

Processing Fee _____

Employee Benefit Expense _____

Premium Tax and PST Percentage _____

Premium Tax and PST _____

Payment to CostPlus _____

Employer Authorization _____

Signature of Business Signing Officer

Retain Copies of Claims, Receipts, Invoices and/or Statements

Send Originals and Payment to:
CostPlus Corporation, P.O. Box 28115 Oakridge, London Ontario N6H 5R2