

IMPORTANT INFORMATION

1. Please read the information on the back of this form before completing it.

2. Submit a separate request for each plan member.

INFORMATION ABOUT POLICY*

Name of policyholder: _____ Group no. (for identification purposes only): _____

Last name and first name of plan member: _____
YYYY MM DD

Date of birth of plan member: _____ Certificate no. (for identification purposes only): _____

Plan member's address - Number, street, apartment: _____

City: _____ Province: _____ Postal code: _____

* The policy represents the agreement between the policyholder and the plan member.

INFORMATION ABOUT PATIENTS

	Last name and first name	Amount - Medical expenses	Amount - Dental expenses
No. 1 -		\$	\$
No. 2 -		\$	\$
No. 3 -		\$	\$
No. 4 -		\$	\$
No. 5 -		\$	\$

INFORMATION ABOUT REIMBURSEMENT CLAIMED

A	Total claimed	Total of medical and dental expenses above:	A \$ <input type="text"/>
B	Administration fees	A x 10.0 % (minimum: \$50 - maximum: \$300):	B \$ <input type="text"/>
C	GST (number 144 324 795)	B x 5.0 % Enter the amount in box C:	C \$ <input type="text"/>
D	Total paid to Desjardins Insurance	Total - Boxes A to C:	D \$ <input type="text"/>

DISCLAIMER

Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, acts as the administrator and not as the insurer of the plan. The policyholder is therefore financially and legally liable for all Cost Plus claims submitted to Desjardins Insurance. The policyholder also accepts full responsibility for any tax consequences for the plan member and/or the Canada Revenue Agency related to this reimbursement, and releases Desjardins Insurance from any such liability. The policyholder agrees to compensate Desjardins Insurance for damages, obligations, at-source deductions, penalties, fines, interest and any other fees, including legal fees, arising from this Cost Plus claim.

POLICYHOLDER DECLARATION

The policyholder has obtained confirmation from the plan member stating that the plan member authorizes Desjardins Insurance to collect, communicate and use the necessary personal information to manage their file and process benefits related to this claim.

The policyholder also affirms that the information provided here and in all of the attached documents is true and that Desjardins Insurance can rely on this information to process this claim. The policyholder recognizes that:

- a) Desjardins Insurance will not evaluate the eligibility of the expenses claimed for tax purposes.
- b) Desjardins Insurance did not provide advice, including tax advice, concerning the administration of this claim.
- c) Desjardins Insurance is not responsible for withholding income taxes or making at-source deductions, which remain the sole responsibility of the policyholder.

I, the undersigned, hereby request the reimbursement of the *Total claimed* (line A) under this Cost Plus claim, in the amount of \$ _____, which represents the *Total paid to Desjardins Insurance* (line D). I understand that Desjardins Insurance will reimburse the plan member for the *Total claimed* (line A). I declare that I am duly authorized by the policyholder to sign the Cost Plus claim form.

Name of authorized representative (PLEASE PRINT) _____ Title _____ Email address to contact you _____
 Signature of authorized representative (mandatory): _____ Date: _____

WHAT IS A COST PLUS CLAIM?

A Cost Plus claim is a claim, submitted on an exceptional basis, for medical or dental expenses that aren't covered by your group insurance plan or your administrative services only (ASO) plan, but that are generally deemed eligible for tax purposes. Plan members and their dependants must be covered by health or dental insurance benefits under their group insurance plan or ASO plan to submit a Cost Plus claim.

The policyholder pays Desjardins Insurance, which acts as the administrator (not as the insurer) 100% of the expenses incurred by the plan member that are not covered by the group insurance plan or ASO plan. Desjardins Insurance then issues a benefit payment to the plan member in the amount of the *Total claimed* (line A).

The reimbursement is treated as a non-taxable benefit for plan members in all provinces except Quebec only when requirements of a private health insurance plan (as defined by tax legislation and Canada Revenue Agency administrative policies) are met.

Note 1

The Canada Revenue Agency may consider that the requirements of a private health insurance are not met regarding this Cost Plus claim. Consequently, all the Cost Plus claims a plan member submits in a given year may be considered taxable income for the plan member and non-eligible business expense for the policyholder. We recommend having a tax advisor evaluate if tax requirements regarding a private health insurance plan are met.

Note 2

The Canada Revenue Agency advises that a Cost Plus plan that only benefits shareholders or sole proprietors will not be considered a private health insurance plan and therefore the reimbursement will be treated as a taxable income for them and/or as a non-deductible business expense for the policyholder. Please consult your tax advisor for details.

HOW TO SUBMIT A COST PLUS CLAIM

- Complete all sections of the form **directly in the fillable PDF** and **sign** where indicated. Fees and taxes will be calculated for you.
- Include original receipts and documents with the claim form and keep copies for your records as you will not be provided with a claims history report.

Send the form using one of the options below:

- **Online:** The form and all related documents can be submitted using this link <https://www.lifeinsurance.desjardins.com/envoyerdocuments/rpcm>. Payment must be submitted online through your financial institution using the following information: Service provider: Desjardins Financial Security
Reference number: F2GroupCertificate (without any spaces)
- **By mail:** Staple a cheque for the *Total paid to Desjardins Insurance* (line D) to the claim form. Send documents to Desjardins Insurance, C. P. 3000, Lévis (Québec) G6V 9X8.

How the reimbursement process works:

- The policyholder submits the Cost Plus claim to the insurer, providing the following information on the claim form: the type of expense to be reimbursed (medical or dental), the name of the plan member who will be reimbursed, and the plan member's certificate or identification number. One claim form must be submitted per plan member.
- Desjardins Insurance will reimburse the plan member for the eligible medical and dental expenses.

Benefits cannot be paid directly to the provider; expenses must be paid out-of-pocket by the plan member before the policyholder can submit a Cost Plus claim to Desjardins Insurance.

ADMINISTRATION FEES

- A 10.0% administration fee will be added to any claim amounts.
- The minimum administration fee is \$50.
- The maximum administration fee is \$300.
- This amount does not include applicable taxes.

APPLICABLE TAXES

British Columbia residents are subject to 5.0% Goods and Services Tax (GST - number 144 324 795).