COST PLUS BENEFIT CLAIM FORM

Architype Benefits

Payment provided through Private Health Services Plan. Please note the Income Tax Act provides guidelines as to what benefits are allowed under this type of plan.

		Male Female	
Employee Last Name / ***above***	Employee First Name	Sex	Date of Birth (M/D/Y)

Employer/Company Name	Employer/Company Address (Street, City, Province)	Postal Code

Reimburse the Provider (i.e. Dentist etc.)? Yes No (if yes, please ensure to provide full name and address)

Dentist Name	Address

Please separate all eligible expenses by claimant and attach eligible receipts:

Name of Patient	Relationship to Employee	Date of Birth	Medical Charges	Dental Charges
		Total:		

A.	Total Claim Amount	$	
B.	Service Charge (Line A times 10%)*	$	Min Fee $50
C.	Subtotal (A + B)	$	
D.	~~Provincial Tax (not applicable in BC)~~	$	$0
E.	GST on Service Charge (line B X 5%)	$	
F.	Total Amount Enclosed (C + E)	$	

*Administration fee is 10% with a minimum of $50.00

Sales Tax

BC / *GST* on Fee portion only 5%

	X	
Name of Authorized Person	Signature of Person	Date

Please forward cheque for payment with claim form and ***original receipts*** to:

Architype Benefits: #206 – 1220 Falcon Dr. Coquitlam BC V3E 2E5

Phone 604-942-2299 Fax 604-944-6490 Greg@ArchitypeFinancial.com