



REQUEST FOR COST-PLUS REIMBURSEMENT

Sponsored Markets

Please submit a separate request for each employee.

Name of Policyowner

Policy number

I, the undersigned, hereby request the expenses outlined below be reimbursed on a cost-plus basis.

Name of Employee

Certificate number

Name of Patient (please list claims by patient)

Types of Service

Amount to be Reimbursed

Total Charges of Claims Submitted A

Administration Charge - 15% of A
 Maximum Administration Charge \$250.00 B

Sub-total A + B C

*Premium Tax (% of C)
 Ontario, Quebec and Newfoundland only D

Sub-total of C + D E

7% GST Tax
 Based on B Admin fee and D, tax
 on Corporate Premium
 All Provinces F

Sales Tax
 8% Ontario residents
 9% Quebec Residents G

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

* Premium Tax Chart	
Newfoundland	4%
Ontario	2%
Quebec	2.35%

A cheque for \$_____, payable to Maritime Life Assuance Company is enclosed,
 together with all paid receipts / completed claims forms pertaining to the reimbursements being claimed.

I understand the Maritime Life will issue a cheque payable to the employee for the total amount to be reimbursed.

Dated at _____ this _____ day of _____ 200__.

 Signature of Authorized Official

 Title