Please send completed forms to:

Kechnie Benefits
447 Frederick St. 4th Floor
Kitchener ON N2H 2P4
T: 519 571-2020 | 866 710-7080
F: 519 571-2424 | 866 710-7888

COST PLUS BENEFIT CLAIM STATEMENT

Payment provided through Private Health Services Plan. Please note expenses must qualify as an Eligible Medical Expense under the Federal Income Tax Act.

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

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.	**ADD:** Adjudication Fee (5% of Line A - min $25.00 / max $250.00)	$ _____
C	Subtotal (A + B)	$ _____
D	**ADD:** Provincial Tax (8% of Line C)	$ _____
E.	**ADD:** Premium Tax (2% of Line C)	$ _____
F.	Total Amount Enclosed (C + D + E)	$ _____

Please attach cheque made payable to Kechnie Benefits

Name of Authorized Person	Signature of Person	Date

For Kechnie Office Use Only:

Date Received:_____ Date Processed: _____ Adjudicator Initials:_____