



Health Reimbursement Plan Remittance and Claim form

Employee Information – Employee to complete and sign this section

Employee Name		
Address (complete if you elected to be reimbursed by cheque)		
City	Province	Postal Code
Reimbursement method: Mail cheque to me Direct deposit -provide bank information below, OR Attach: <input type="checkbox"/> void cheque or <input type="checkbox"/> direct deposit form from financial institution		
Institution No.	Transit (Branch) Number	Account Number
Person(s) (other than yourself) who received product(s) or service(s). Attach list if more than 3.		
Name (first and last)		Relationship to you
1.		
2.		
3.		
I am not claiming for any expense for which I have been or will be reimbursed under another health plan, and I have not claimed/will not claim these expenses on my tax return. I certify that the above information is true and correct.		
Signature		Date signed (mm/dd/yyyy)

Company section – Employer to complete and sign this section

Company Name	
Total Claims	A
Administration Fee (10% of A, minimum \$50)	B
GST (5% of B) <i>GST #804080943RT0001</i>	C
Total Amount Payable (A+B+C)	
Payment method: Pre-authorized debit Cheque attached made out to ICBA Benefit Services Ltd. Bank wire (We will contact you with bank account information and amount.)	
We hereby authorize payment of the expenses being claimed and verify that they are not otherwise insured under any contract of insurance. We understand that Canada Revenue Agency (CRA) may consider these expenses ineligible under a PHSP, rendering the reimbursement to the employee as taxable income and our payment ineligible as a business expense. We acknowledge that ICBA Benefit Services Ltd. is not responsible for any tax or other consequences of this claim.	
Name	Title
Phone number	Email address
Signature	Date signed (mm/dd/yyyy)

Include all supporting documents. If expenses have been partially paid by an EHC or Dental plan, include the Claim Statement / Explanation of Benefits. For prescription medication, include official pharmacy receipt. If you email the claim to us, retain original receipts.

Return completed form to ICBA Benefits via email (indicate the policy number in the Subject line), or by mail.
If you email the form, do not also send the original by mail.