

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: □ void cheque or □ direct deposit form from financial institution			
Institution No.	Transit (Branch) N	lumber	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			
Company Name			
Total Claims			А
Administration Fee (10% of A, minimum \$50)			В
GST (5% of B) GST #804080943RT0001			С
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			
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.

Email this form and copies of all supporting documents to: info@icbabenefits.ca
OR Mail to: ICBA Benefits - 800 - 13761 96 Ave., Surrey, B.C. V3V 0E8 (Cheque must be mailed)