

PRIVACY STATEMENT

MDM Insurance Services Inc. ("MDM") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains, and discloses in the course of conducting business.

RETAIN A COPY OF THIS DOCUMENT AND ALL RECEIPTS FOR YOUR RECORDS. COMPLETE A SEPARATE FORM FOR EACH PLAN MEMBER.

PLAN SPONSOR AND PLAN MEMBER INFORMATION

Plan Sponsor: _____
 Full Company Name

Plan Member: _____ / ____ / ____
 Last Name First Name Date of Birth (YY/MM/DD)

Plan Member Address: _____
 Apartment/Number/Street City Province Postal Code

PLAN SPONSOR PAYMENT CALCULATION

Premium Tax: ON: 2.00% QC: 3.48% AB: 3.00% BC: 2.00% MB: 2.00% NB: 2.00% NL: 5.00% NT: 3.00% NS: 3.00% PE: 3.50% SK: 3.00% YT: 2.00% H.S.T.: ON: 13% NB: 15% NL: 15% NS: 15% PE: 14% P.S.T.: ON: 8% QC: 9%	Total claim amount: (total of all medical and dental receipts being submitted)	A \$
	Administration fee: Box A x 5% (Minimum \$40.00; Maximum \$200.00)	B \$
	Total claim amount and administration fee: Box A + Box B	C \$
	Premium Tax: Box C x Premium Tax rate based on Plan Member's province of residence	D \$
	Harmonized Sales Tax (G.S.T./H.S.T. #103610648RT0001): Box B x H.S.T. rate for harmonized provinces	E \$
	Goods and Services Tax (G.S.T./H.S.T. #103610648RT0001): Box B x 5% for non-harmonized provinces	F \$
	Provincial Sales Tax (P.S.T. #103610648TR0002): Box A x P.S.T. rate for Plan Members resident in Ontario and Quebec	G \$
	Total amount payable to MDM: (total of Boxes C to G)	H \$

"Revenue Canada has indicated that a personal cost plus plan for the owner/proprietor (and dependents) only may not qualify as a Private Health Services Plan, therefore any contribution or premium and administration charges the owner/proprietor pays the Insurance Company to reimburse eligible medical and/or dental claims may not be considered an eligible tax deduction according to Revenue Canada."

PAYMENT INSTRUCTIONS

Please send this claim form, all supporting documents (e.g., receipts, benefit statements, etc.), and your cheque made payable to "MDM ASO Plan" for the total amount payable to MDM, shown above in Box H, to:

Plan Administrator, ASO
 MDM Insurance Services Inc.
 P.O. Box 970, Guelph, Ontario N1H 6N1

NOTE: In order to be eligible for payment, all receipts must be submitted within 24 months of the date that the expense was incurred.

NEW: If set up for Pre-Authorized Debit (PAD), email claim form and supporting documents to: lorie@mdm-insurance.com

PLAN SPONSOR AUTHORIZATION

Direct Deposit banking info on file, or Direct Deposit Application attached

Claim cheque made payable to: Plan Member, or _____

Claim cheque sent to: Plan Member's address, or other address: _____

Email Address (please print clearly): _____

 Authorized Signature of Plan Sponsor

 Please print name

 Date (YYYY/MM/DD)

Before implementing a Cost Plus program, we strongly encourage you to consult with your professional tax advisor. You want to be sure that you are eligible to implement a Cost Plus program and before any expenses are submitted for reimbursement, you need to be sure that these expenses are eligible. For a complete list of eligible medical expenses (Income Folio S1.F1.C1. Medical Expense Tax Deduction), you can visit Revenue Canada's Web site at www.cra-arc.gc.ca or by calling 1-800-959-2221.