

**Flexible Plans
For Business Owners**



EMPLOYEE CLAIM FORM

Employer: *John Hancock*

Employee Name: *ABC Company Ltd.*

Item #	Date of Expense	Patient Name	Type of Expense (Medical, Dental, etc.)	Amount of Expense
1	<i>1 Feb 08</i>	<i>John Hancock</i>	<i>Dentist</i>	<i>\$400.00</i>
2	<i>2 Mar</i>	<i>Joan Hancock</i>	<i>Doctor</i>	<i>\$500.00</i>
3	<i>3 Apr 08</i>	<i>James Hancock</i>	<i>Massage</i>	<i>\$60.00</i>
4	<i>4 May</i>	<i>Julie Hancock</i>	<i>Prescription</i>	<i>\$40.00</i>
5				
6				
7				
8				
9				
10				

Total Claims A *\$1,000.00*

Administration Fee = 10% of A B *\$100.00*

\$10.00 Service Fee for claims less than \$500.00 (if applicable) C

GST = 5% of B + C D *\$5.00*

GRAND TOTAL (A+B+C+D) *\$1,105.00*

*** Please complete all areas, including your signature below and mail ***
with **ALL ORIGINAL RECEIPTS** and a Company cheque to:

CUSTOMCARE INC. - #210, 200 Quarry Park Blvd. SE Calgary, AB T2C 5E3

I hereby authorize the release of any information or records of this claim to the plan administrator (CustomCare Inc.) and certify that the information given is true and correct to the best of my knowledge.

Employee Signature: *John Hancock* **Date:** *May 5, 2008*