CustomCare™
Tailored Health Care Plans... And No Premiums!

British Columbia

Multiple Employee Summary Claim Form

Employer:

Employee Name/ Family Member	Expense Total
Total Claims	A
Administration Fee = 10% of **A** + ($10.00 if Company Claims Less than $500.00)	B
H.S.T. = 12% of Administration Fee **(B)**	C
A + B + C = Total Due	

A $10.00 Processing fee will be charged per company claim if the total claims portion (A) (for all of the employees) is under $500.00.

Please attach a Company cheque for the Total Due made payable to:

CustomCare Inc.

Please ensure all employees sign their individual claim form and attach each employees receipts to their individual claim form. We recommend that you keep a copy of this form for your company records.

#210, 200 Quarry Park Blvd. S.E. - Calgary, AB - T2C 5E3
Phone (403) 640-6620 - Fax (403) 252-3020 — email info@customcare.ca
Website — www.customcare.ca — Toll Free 1-866-820-2188