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

Newfoundland, New Brunswick, PEI

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. = 13% 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.

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