

Contract for Provision of Medical/Dental Cost-Plus Benefit Plan

The firm of _____ hereby contracts with WCASA to reimburse the following medical and/or dental expenses which qualify as medical expenses under subsection 118.2(2) of the Income Tax Act, and are incurred by eligible partners or employees:

(please check):

_____ all medical expenses except _____.

_____ all dental expenses except _____.

_____ only expenses related to _____.

_____ expenses to be reimbursed are limited to \$ _____ per partner/employee annually.

The firm is responsible to ensure expenses are eligible and within an individual's annual limit. Any unused entitlements or excess expenses cannot be carried forward or back to other years.

For all expenses which qualify for reimbursement, the firm will send a cheque payable to WCASA for the amount of the receipts, plus a fee of \$25. In return, WCASA will issue a cheque payable to the employee or medical practitioner as applicable.

It is also agreed that the firm will hold harmless WCASA, its Directors and employees, who accept no responsibility or liability for any damages, penalties or assessments of income tax to the firm or to its employees that may arise from entering into this Medical/Dental Cost-Plus Benefit Plan.

Firm address: _____

_____ Phone _____

Date _____ Authorized signature _____

Claim for Medical/Dental Cost-Plus Benefit Plan

Firm Name _____

Employee Name _____

Address for reimbursement _____

<u>Patient Name</u>	<u>Relationship to employee</u>	<u>Charges</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total amount to be reimbursed (a) \$ _____

WCASA fee (b) \$ _____ 25.00

Cheque to WCASA enclosed (a+b) \$ _____ (X)

All receipts and a cheque for the total amount (X) are enclosed.
Please make the reimbursement cheque payable to the employee ___ or to _____ (dentist etc.).

I agree to hold harmless WCASA, it's Directors and employees, who accept no responsibility or liability for any damages, penalties or assessments of income tax that may arise from this claim.

Date _____, 20____

Signature of claimant

As an authorized representative of the above firm, I request that the expenses listed above be reimbursed on a cost-plus basis. I confirm that such expenses qualify as medical expenses under Section 118.2(2) of the Income Tax Act and are within the claimant's annual reimbursement limit.

Date _____, 20____

Authorized signature

Send claim and cheque to : WCASA, 10309C – 100 Avenue, Fort Sask, AB T8L 1Y9