Innovative Benefits Inc.
435, 450 Ordze Road
Sherwood Park, Alberta
T8B 0C5
Tel: (780) 448-0783
Fax: (780) 450-2507
Email: claims@innovativebenefits.ca

Cost Plus Claim Form Instructions

Enclose all original receipts. Keep a copy of the receipts for your records.
If coordinating benefits, where this plan is 2nd payor, we require a copy of the original receipts and original explanation of benefits (EOB) statement from your other plan. Some pay-direct plans include EOB statements on your original receipt.
The Income Tax Act governs benefit eligibility.
Reimbursement provided through a Private Health Services Plan

Employer Name	Employer Address	Postal Code
Employee Last Name	Employee First Name	DOB (M/D/Y)

Please separate all eligible expenses by claimant and attach receipts:

Name of Patient	Relationship to Employee	Date of Birth (D/M/Y)	Amount of Medical Claim	Amount of Dental Claim
1				
2				
3				
4				
5				
6				
7				

Total Claim Amount: _____ A

Service Charge (___% Admin Fee): _____ B

GST (0.05 x **Total Admin Fee**): _____ C

86516 2309 RT0001

Total: _____ (A+B+C)

_____ _____

Signature of Employee **Date**