



Cost Efficient Benefit Plan

(Div. of Paloma Ventures Ltd.)

Mailing Address: 234, 5149 Country Hills Blvd NW, Ste 513, Calgary, AB T3A 5K8

Phone: 403-282-3776 **Fax:** 403-202-5046 **Toll Free:** 1-800-651-3776

Office Location: 216, 3907 – 3A Street NE, Calgary AB (Do not mail to this address)

Website: www.costplus.ca **Email:** info@costplus.ca

Remittance Form

Date: _____

Firm Name: _____

Firm Address: _____

Employee Name: _____

Your Email Address: _____

Claims submitted via this form constitutes consent to continue to contact you/your business by email

List Current Claims

Note: All receipts must be submitted to support your claim

Description of Expenses (ie. Prescriptions, dental, vision)	Amount
1 Total Current Claims	\$
2 Administrative Fee 5% (% of item 1)	\$
3 GST 5% (AB, BC, SK, MB, QC, NT, YT, NU); HST 13% (ON, NB, NL); HST 14% (PEI); HST 15% (NS) (% of item 2)	\$
4 Total Payable (make cheque payable to Cost Efficient Benefit Plan)	\$

Please make reimbursement payable to employee (name) _____

OR

to firm _____

Return this completed form, together with all receipts and your cheque payable to:

Cost Efficient Benefit Plan

234, 5149 Country Hills Blvd. NW, Ste 513

Calgary, Alberta T3A 5K8