



Cost Plus Benefit Form

Member Information

Group Number:
Member Name:
Certificate Number:
Dispensing Province: (8)

Explanations

Please state the province the drug/service was dispensed/performed in.

Claim Amount

Amount of Claim: (11)
Administration Fee: (12)
Sub Total (13)

Please state the entire cost including taxes of the claim.

Administration fee is equal to 10% of the claim amount shown on line 11. (10% of line 11, minimum \$25, maximum \$500)

The Sub Total is calculated by adding line 11 and 12.

Tax

Premium Tax: (16)
Retail Sales Tax: (17)

Premium Tax is applicable to Claims dispensed in Newfoundland (4%), Ontario (2%) and Quebec only(2%) of the Claim Sub Total (line 13).

Retail Sales Tax is applicable to claims dispensed in Quebec; (9%) and Ontario; (8%). In Ontario, RST equals claims (line 11) multiplied by 8%. In Quebec, RST equals claims (line 11) plus administration fee (line 12) multiplied by 9%.

GST/HST (19)

GST/HST is based on Provincial rate in the dispensing province indicated on line 8 and is calculated based on the Administration Fee calculated on line 12.

Total Due (21)

Total due is the Sub Total plus applicable taxes indicated on lines 16-19.

Please enclose with this form a cheque payable to Grandeur Group Benefits for the Total Due (line 21) amount along with the supporting documents and receipts for claim (ie. dental, extended health claim, drug receipts, etc.)

Note: Do NOT staple or tape receipts to the claim form

**Send to: Grandeur Group Benefits
41175 - 4141 Dixie Road
Mississauga, ON L4W 5C9
Toll Free – 1-833-602-4424**