

Southwest Nova Insurance Group - Health Care Spending Account

Cost Plus Reimbursement

EMPLOYEE INFORMATION

Company Name: _____

Employee's Name: _____

Address: _____ Phone: (____) _____

City: _____ Province: _____ Postal Code: _____

CALCULATION

EXPENSES (please attach copies of your receipts) – If coordinating benefits please reduce total by amount paid by 1st insurer

A	Dental		Health		
	\$ _____	+	\$ _____	=	Totals A \$ _____

ADMINISTRATIVE FEE

B	_____ %		Totals B \$ _____
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C	Subtotal (A + B)	=	C \$ _____
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PROVINCIAL PREMIUM

D	Ontario Residents	(C) \$ _____ X 2%	
	Newfoundland and Labrador residents	(C) \$ _____ X 5%	= D \$ _____

E	Subtotal (C + D)	=	E \$ _____
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GST/HST

	Administrative Fee	(B) \$ _____ X _____ % = \$ _____
F	Provincial Premium Tax	+ (D) \$ _____ X _____ % = \$ _____

*Applicable GST/HST - 13% (ON Residents), 15% (NS, NB, NL, PE Residents), or 5% (All Other Provinces)

	=	G \$ _____
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TOTAL AMOUNT PAYABLE (E + F)	=	\$ _____
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Mail this completed form, along with the appropriate receipts and a cheque (or fax/email forms and SWN will use auto debit) for the total amount payable to:

Southwest Nova Insurance Group Inc. - 260 Main St. Wolfville, NS B4P 1C4

Southwest Nova Insurance Group Inc. makes no representations or warranties with respect to, and shall not be liable or responsible in any way for, the tax or other consequences to any person of any contributions made or benefits received under this benefit plan. By making contributions to, receiving benefits under or otherwise participating in this benefit plan, all such persons acknowledge and agree with these conditions. If you have any concerns, please consult your tax advisor.