

IBABC COST PLUS APPLICATION FORM

I. ADMINISTRATIVE INFORMATION (Please Print)

1. Complete this form in its entirety.
2. Send *original* copy to Morneau Sobeco.
3. Retain a copy for your files.

IBABC Cost Plus Program
 Morneau Sobeco
 2925 Virtual Way, Suite 310
 Vancouver, BC V5M 4X5

I. ADMINISTRATIVE INFORMATION (Please Print)

Policyholder/Employer Name	Policy No.	Division No.
Street	City	Prov
Postal Code		

II. ELIGIBLE EMPLOYEES

List all employees that you wish to be eligible for Cost Plus claims.

	NAME (Last, First)	Certificate Number	Include Dependents	Notes (If Applicable)
1			Y - N	
2			Y - N	
3			Y - N	
4			Y - N	
5			Y - N	
6			Y - N	
7			Y - N	
8			Y - N	
9			Y - N	
10			Y - N	

III. AUTHORIZATION

Approved by:	Position	Date

Signature of Administrator : X _____	Date (mm/dd/yyyy) :

IV. DISCLAIMER

The Canada Revenue Agency has indicated that not all claim payment requests will qualify as an eligible expense payable under a Private Health Services Plan, including such requests for payment which are made under a cost-plus plan that is solely for the benefit of shareholders/owners of the business. Accordingly, before submitting a claim for payment, the employee/claimant and/or the employer/Group Policyholder should consult their legal and/or tax advisors to evaluate the cost plus payment request and understand the tax impact to both employer/Group Policyholder and the employee/claimant. Morneau Sobeco accepts no responsibility for determining whether or not any claims for payment will be accepted by the Canada Revenue Agency as eligible expenses under a Private Health Service Plan or any liability relating to the same.