





**Cheque Calculation**

Enter Province of Employment: Ex) ON, BC, PQ \_\_\_\_\_

Enter Province of Company Issuing Cheque: Ex) ON, AB, NS \_\_\_\_\_

Total Medical Claims [(a) above] \$ \_\_\_\_\_

Total Dental Claims [(b) above] \$ \_\_\_\_\_

Total Claims (minimum \$100.00 per employee/Plan Member) \_\_\_\_\_ \$ \_\_\_\_\_

**Administration fee @10% [total claims x 10%, minimum \$25.00, maximum of \$300.00]** \$ \_\_\_\_\_

Total claims plus administration fee \$ \_\_\_\_\_

GST/HST (on admin. fee only) @ \_\_\_\_\_ % \$ \_\_\_\_\_  
(Payments made from ON, NB,NF-13% BC-12%, NS -15%, other 5%)

Premium tax (on claims + admin fees ) \$ \_\_\_\_\_  
(Ontario 2%, Quebec 2.55%, Newfoundland 4%, Other 0% )

Ontario Provincial Sales Tax @8% \$ \_\_\_\_\_  
(on total claims where province of employment is Ontario)

Quebec Provincial Sales Tax @9% \$ \_\_\_\_\_  
(on total claims fee where province of employment is Quebec)

Quebec Provincial Sales Tax @9.5% \$ \_\_\_\_\_  
(on administration fee plus GST/HST where province of employment is Quebec)

**Total amount due to Green Shield Canada** \$ \_\_\_\_\_

Have you:

Included your cheque in the amount of \$ \_\_\_\_\_

Completed the necessary worksheet

Included original receipts/documentation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Plan Member

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title