



**COST PLUS  
CLAIM FORM**

Group Number: <i>14423</i>	#	Certificate Number:	Policyholder: <i>Landscape/ Nursery Industry Group Insurance Trust</i>
Employee Name			Claimant Name

When requesting reimbursement of a Cost Plus claim, please complete the following section and attach:

- i) the original expense receipts and/or original insurer statement identifying the unpaid expenses to be processed on a cost-plus basis.
- ii) a cheque made out to **LAND PLAN** for the **TOTAL AMOUNT PAYABLE**

A) TOTAL CLAIM AMOUNT	
B) ADD ADMINISTRATION FEE (minimum \$15; maximum \$300) The administration fee is a percentage of the Total Claim Amount and varies by Province of Residence (13.5% for Newfoundland, 11.6% for Quebec, 11.2% for Ontario, and 9% for all other Provinces).	
C) ADD G.S.T. (Administration Fee x 5%) OR ADD H.S.T (Administration Fee x 15% - applies to NFLD, NB, NS)	
D) ADD PROVINCIAL RETAIL/PREMIUM SALES TAX [(A) + (B)] x 8% (Applies if claimant resides in Ontario), or (A) x 9% (Applies if claimant resides in Quebec)	
E) ADD QUEBEC SALES TAX [(B) + (C)] x 7.5%	
<b>TOTAL AMOUNT PAYABLE</b> <b>A+B+C+D+E</b>	

Please send to: <i>TS Benefit Solutions</i> 544 Conestogo Rd. <i>Waterloo, ON., N2L 4E2</i>	Other - please provide details
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<b>Authorized by:</b>	
Policyholder Signature	Date