## **Claim Form - Quebec**



Only original official receipts will be accepted. All receipts must clearly indicate the date, the amount of purchase including taxes, for whom the purchase was made and what item/services was purchased.			
Date of Service dd/mmm/yyyy	Name of Claimant (your name / dependent's name)	<b>Type of Expense</b> (Health / Dental / Wellness)	Amount of Receipt
		Total Claims	
		Administration Fee 10%	
		Sales Tax on Claim 9%	
		GST on Administration Fee 5%	
		QST on Administration Fee 9.98%	
		Premium Tax on Claim 3.3% Total	
		Total	

