



**THE CLAIM FORM**  
**(For Ontario Sole Proprietors Only)**

PLEASE PRINT

COMPANY NAME

EMPLOYEE NAME

I.D. # OR SIN #

EMPLOYEE ADDRESS

CITY / PROVINCE / POSTAL CODE

DIRECT DEPOSIT - CURRENT DIRECT DEPOSIT INFORMATION MUST BE ON FILE WITH THE TRUST OR ATTACH A COMPLETED DIRECT DEPOSIT FORM)

PLEASE SEND MY CHEQUE TO THE COMPANY ADDRESS

PLEASE SEND MY CHEQUE TO THE ABOVE ADDRESS

**ONLY OFFICIAL RECEIPTS MUST ACCOMPANY THIS FORM. RECEIPTS MUST CLEARLY INDICATE THE DATE OF SERVICE THE AMOUNT OF PURCHASE AND THE PATIENT NAME.**

DATE OF SERVICE			EMPLOYEE NAME / DEPENDANT NAME	TYPE OF SERVICE	
MONTH	DAY	YEAR		I.E. MEDICAL / DENTAL	AMOUNT PAID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Give this form to your plan administrator or mail to :

**AVP Health & Welfare Trust**  
222, 855 - 42 Avenue SE  
Calgary AB T2G 1Y8

Questions ?

Call : 403.214.3213 or 888.214.3211  
Toll free Fax : 866.213.5514  
E- mail : info@bizflex.ca  
www.bizflex.ca

TOTAL CLAIMS	\$	<input type="text"/>
ADMIN FEE 10 % (OF CLAIMS)	+ \$	<input type="text"/>
GST 5 % (OF ADMIN FEE)	+ \$	<input type="text"/>
TOTAL EXPENSE	= \$	<input type="text"/>

**FYI :**  
CLAIMS = EMPLOYEE'S OUT-OF-POCKET COSTS  
EXPENSE = EMPLOYER'S AMOUNT PAYABLE (TO TRUST)