

PHSP CLAIM FORM

Mail: Ensure you attach original receipts with form

Email: Scan and attach receipts with form to

tammy@holdentaylor.ca

PLEASE MAKE SURE THIS SECTION IS FULLY COMPLETED

COMPANY NAME	
EMPLOYEE NAME	

Member Name	Total Prescription Drugs	Total Dental	Total Eye Care/Vision	Total "Other" Medical Costs
TOTALS FOR EACH				

EMPLOYEE'S SECTION

We recommend having your claim paid directly into your bank account complete the section below.

If this is not completed this / or you have not previously filled it out, your claim will be paid by cheque mailed to your employer.

Pay Claim By EFT Pay Claim By Cheque Please note: If cheque selected and not received within 30 days from claim submission, notify us immediately. Delays in notification can result in additional fees.

Use **New Banking** (attach VOID cheque) Use **Existing Banking**

Email address for confirmation of claim payment _____

I authorize Holden Financial to deposit the proceeds of the attached claim into my bank account.

I understand that I must keep original receipts for 1 year and that Holden Financial may ask for the originals for auditing reasons.

Employee's Signature _____ Date _____

Employer's Section

Total Claim amount \$ _____ (Total for All Services)

Administration Fee \$ _____ (Total Claim Amount Plus Admin fee of ___%)

GST \$ _____ (5% of the Administration Fee)

Total Amount Due \$ _____ (GST # 879149821RT001)

We would like to pay: _____ By Cheque attached
EFT from our company account

431 58th Ave S.E. Calgary, Alberta T2H-0P5

Phone : (403) 273-8660 x 101 Fax : (403) 273-3005

Email: tammy@holdentaylor.ca

Website: www.holdentaylorfinancial.ca