

## PHSP CLAIM FORM

**Mail:** Ensure you attach original receipts with form

**Email:** Scan and attach receipts with form to

**[tammy@holdentaylor.ca](mailto: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
<b>TOTALS FOR EACH</b>				

### 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 5_%)
GST	\$ _____	(5% of the Administration Fee)
Total Amount Due	\$ _____	(GST # 879149821RT001)
We would like to pay:	_____ By Cheque attached. EFT from our company account	