

The firm of _____ hereby contracts with CPA Insurance Plans West (CPAIPW) to reimburse the following medical and/or dental expenses which qualify as medical expenses under subsection 118.2(2) of the Income Tax Act and are incurred by eligible partners or employees:

(Please Check)

- All medical expenses, except _____
- All dental expenses, except _____
- Only expenses related to: _____
- Expenses to be reimbursed are limited to \$_____ per partner/employee annually.

The firm is responsible to ensure expenses are eligible and within an individual's annual limit. Any unused entitlements or excess expenses cannot be carried forward or back to other years.

For all expenses that qualify for reimbursement, the firm will send a cheque payable to CPAIPW for the amount of the receipts, plus a fee of \$25. In return, CPAIPW will issue a cheque payable to the employee or medical practitioner, as applicable.

It is also agreed that the firm will hold harmless CPAIPW, including its Directors and employees, who accept no responsibility or liability for any damages, penalties, or assessments of income tax to the firm or to its employees that may arise from entering into this Medical/Dental Cost-Plus Benefit Plan.

Firm Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name: _____ Date: _____

Authorized Signature: _____