



Diversified Insurance Services Ltd.

My Benefits Plus+ addendum (Jan 2024)

Subject: Massage Therapy and My Benefits Plus+ Private Health Services Plan (PHSP)

Due to ongoing questions and concerns over this subject, and after review of other providers of this service as well as a thorough review of the Canada Revenue Agency (CRA) website and discussion with a Certified General Accountant, it is clear that:

- 1) CRA website clearly states that Massage Therapists are not considered Qualified Medical Practitioners in the province of Alberta and as such massage therapy claims are not permitted and should not be reimbursed
- 2) Other PHSP providers are allowing massage therapy claims to be submitted and reimbursed contrary to CRA rules which is creating an unequal and unfair disadvantage to yourself and your employees who have chosen Diversified Insurance Services Ltd. to act as your Administrator of your PHSP plan
- 3) If you insist that I process massage therapy claims on you and your employees behalf you and your employees are aware that the CRA could review and could refuse such claims at a later date which could/would create a negative financial consequence to you
- 4) You understand that should CRA disallow any claims at a later date you and your employees will be obliged to Hold Harmless Diversified Insurance Services Ltd., Arnie Bencharski, and any other party associated with the setup and or the administration of your plan
- 5) You agree that any fees related to administration of the PHSP plan are forfeited and there will be no refunds for the services and administration provided
- 6) As the employer you agree to fully disclose this information to all employees that you are providing PHSP benefits

Addendum Acceptance:

It is hereby agreed, the terms of this addendum have been read, understood and accepted by the Employer and Employee, and that the Employer on behalf of the employee elect to submit massage therapy receipts for reimbursement within the plan.

Dated this ____ day of _____, 20__ .

Signature of Authorized Employer

Name & Position of Authorized Employer

Signature of Employee

Name of Employee

