DIVERSIFIED
INSURANCE SERVICES LTD.

502 - 2903 Kingsview Blvd SE
Airdrie, Alberta T4A 0C4
(403) 945-8885
arnie.bencharski@acera.ca

My Benefits Plus+ Claim Form

A: Employee Information (Plan Member)

Plan Member Number (99-9999-999)
[ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ] (if applicable)

Today's Date (YYYY-MM-DD)

Company Name (Plan Owner)

First and Last Names (Plan Member)

Please Select your Province (for Tax Calculation)
Alberta

Note: If your email or mailing address (or any other information) has changed, please inform us immediately.

B: Claim Details

#	Expense Date	Patient Name	Claim Description	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Note: Please use a new form if more lines are required.

By signing below, you certify that all health services have been purchased for an eligible member of household.

Signature: _____

Total Claim Amount : A	0.00
Administration Fee $37.50 or (A x 7.5%) : B	37.50
GST/HST on Administration Fee (B None) : C	-
Total Payment Amount (A + B + C) : D	37.50

C: Next Steps

Important: Please number each receipt with the corresponding line number as on the claim form and send the (1) completed claim form, (2) all **ORIGINAL receipts** and (3) a cheque for **Total Payment Amount** (D) to:

Mail to: Diversified Insurance Services Ltd.
502- 2903 Kingsview Blvd SE
Airdrie, AB T4A 0C4

Questions: (403) 945-8885 (Local Calgary Number)
arnie.bencharski@acera.ca

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