Advanced Benefit Solutions Inc. – Claim Form

COMPANY NAME: _				
EMPLOYEE NAME:				
ADDRESS:				
CONTACT #:	EVENING CONTACT#			
Please indicate one of	of the following:	Total	Claim:	
☐ Send my cheque to the above address		Claim submitted:		
☐ Send my cheque to the company		Signature:		
	t Advanced Benefit Solutions		•	
ONLY OFFICIAL REG PURCHASE INCLUI	CEIPTS WILL BE ACCEPTED. A	LL RECEIPTS MUST CLEARLY INDICATE THE JRCHASE WAS MADE AND WHAT ITEM/SERV		
DATE OF SERVICE	NAME	DESCRIPTION OF EXPENSE		AMOUNT PAID
		Sul Administration fee		
GST on Administration fee 5%				
TOTAL EXPENSES				

Please give to your administrator or mail to: Advanced Benefit Solutions Inc.