Claim Form - Quebec

○ HUB | FlexSave[™]

Company Name: _____

Employee Name:

Date of Service dd/mmm/yyyy	Name of Claimant (your name / dependent's name)	Type of Expense (Health / Dental / Wellness)	Amount of Receipt
		Total Claims	
		Administration Fee 10%	
		Sales Tax on Claim 9%	
		GST on Administration Fee 5%	
		QST on Administration Fee 9.98%	
		Premium Tax on Claim 3.3%	

Signature:

Date:_____

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DD/MMM/YYYY

FlexSaveTM Division - HUB Financial Inc. 1001, 3700 Steeles Avenue West, Woodbridge, ON L4L 8m9 Phone: 1 (800) 561-2405 (option 4) or Fax: 1 (866) 417-8394 | Email: flexsave@hubfinancial.com