



Custom Care™

Tailored Health Care Plans... And No Premiums!

EMPLOYEE CLAIM FORM

Employer: Jolly Giant Childcare Ltd.

Employee Name:

Employee #:

Claim # Office Use Only

Item #	Date of Expense	Patient Name	Type of Expense	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Claims A

Administration Fee—10% of A B

G.S.T. — 5% of B C

A + B + C = TOTAL DUE

Please complete all areas, including your signature below,
and mail with ALL ORIGINAL RECEIPTS and a Company cheque to:

CustomCare Inc. - #210, 200 Quarry Park Blvd. SE Calgary, AB T2C 5E3

I hereby authorize the release of any information or records of this claim to the plan administrator (CustomCare Inc.) and certify that the information given is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____, 20____