

**CONTRACT FOR PROVISION OF
MEDICAL/DENTAL COST-PLUS BENEFIT PLAN**

The firm of _____ hereby contracts with CAIPW to reimburse the following medical and/or dental expenses which qualify as medical expenses under subsection 118.2(2) of the Income Tax Act, and are incurred by eligible partners or employees:

(please check):

_____ all medical expenses except _____

_____ all dental expenses except _____

_____ only expenses related to _____

_____ expenses to be reimbursed are limited to \$ _____ per partner/employee annually.

The firm is responsible to ensure expenses are eligible and within an individual's annual limit. Any unused entitlements or excess expenses cannot be carried forward or back to other years.

For all expenses which qualify for reimbursement, the firm will send a cheque payable to CAIPW for the amount of the receipts, plus a fee of \$25. In return, CAIPW will issue a cheque payable to the employee or medical practitioner as applicable.

It is also agreed that the firm will hold harmless CAIPW, its Directors and employees, who accept no responsibility or liability for any damages, penalties or assessments of income tax to the firm or to its employees that may arise from entering into this Medical/Dental Cost-Plus Benefit Plan.

Firm address _____

_____ Phone _____

Date _____ Authorized signature _____