



**ADDITIONAL REIMBURSEMENT AGREEMENT**  
**« Cost Plus »**

Between

**La Capitale Insurance and Financial Services** (the Insurer)

And

\_\_\_\_\_ (the Policyholder).

It is understood that the insurer will reimburse all claims for health or dental care expenses that will not have been 100% covered by current benefits under contract number \_\_\_\_\_, if the written request is made by the group administrator, for the following persons:

<b>Name of employee</b>	<b>Identification Number</b>
_____	_____
_____	_____
_____	_____
_____	_____

The Insurer will invoice the Policyholder quarterly. The latter will then be required to pay the total expenses invoiced plus the following administrative expenses within 31 days of invoicing:

- 12 % of first \$1,500
- 6 % of any excess
- Minimum \$75 per quarterly invoice

This agreement will remain in force for as long as contract number \_\_\_\_\_ is in effect, but can be terminated on the day that a written notice to such effect is received by either party.

The signing party, in his or her capacity as Policyholder, states that he or she is personally liable for his or her company's reimbursement of La Capitale's invoices, with respect to the "Cost-Plus" agreement.

Effective date of agreement : \_\_\_\_\_

Signed at \_\_\_\_\_, on \_\_\_\_\_

Policyholder: \_\_\_\_\_

Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
POLICYHOLDER (signature)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
For La Capitale Insurance and Financial Services