



Medical Expenses  
Donations  
Sports and cultural activities

Year 2022

Name of insured \_\_\_\_\_



We don't need your receipts, this completed form is enough for us.

You MUST keep your receipts for a 6-year period.

If your fees are covered by an insurance, ONLY write the amount not reimbursed by your insurance.

\*\*\* Please note that cosmetic surgery and massage therapy are not eligible\*\*\*

Indicate the person's name:	You	Spouse	Dependant	Dependant
Medical insurance premium <b>unless listed on T4 and Relevé 1</b>	_____	_____	_____	_____
	\$	\$	\$	\$
Drugs / Insurance difference	_____	_____	_____	_____
	\$	\$	\$	\$
Dentist / Orthodontics / Denturist	_____	_____	_____	_____
	\$	\$	\$	\$
Optometrist / Optician	_____	_____	_____	_____
	\$	\$	\$	\$
Naturopath / Osteopath ( <u>Québec only</u> )	_____	_____	_____	_____
	\$	\$	\$	\$
Chiroprator / Physiotherapist / Occupational Therapist	_____	_____	_____	_____
	\$	\$	\$	\$
Private doctor / Private clinic	_____	_____	_____	_____
	\$	\$	\$	\$
Blood Tests	_____	_____	_____	_____
	\$	\$	\$	\$
	_____	_____	_____	_____
	\$	\$	\$	\$
	_____	_____	_____	_____
	\$	\$	\$	\$
	_____	_____	_____	_____
	\$	\$	\$	\$
	_____	_____	_____	_____
	\$	\$	\$	\$
<b>Total Medical Expenses:</b>	=====	=====	=====	=====
	\$	\$	\$	\$

**Charitable donations**

Sum up all charitable donations

Keep your receipts Total donations: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$

**Sports and/or cultural activities**

Sum up all activities

Keep your receipts Total activities: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$

Completed by: \_\_\_\_\_

Date : \_\_\_\_\_