

Medical expenses Donations Sports and cultural activities

Clear Ionn	
Year	

Name of the insured	

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Completed by:

Your receipts are not necessary, as the completed sheet is sufficient for us.

Date:

You must keep your receipts for a period of 6 years.

If your expenses are covered by insurance, only enter the amount not reimbursed by your insurance.

Please note that any cosmetic surgery and massage therapy are not eligible you Partner people at charge people at charge name of the persons: Premium insurance for medical expenses \$ \$ \$ unless entered on T4 and RL1 Drugs / amount not covered Dentist / Orthodontist / Denturist \$ \$ \$ Optometrist / Optician \$ \$ \$ \$ Naturopath /Osteopath (Quebec only) \$ \$ \$ Chiropractor / Physiotherapist / Occupational therapist \$ \$ Private doctor / private clinic \$ \$ \$ Blood tests \$ \$ \$ \$ \$ \$ **Total medical expenses:** \$ Gifts for charitable purposes sum up the amounts of charity Keep your receipts Total donations: only children 5 to 16 years old Sports and/or cultural activities Sum all activities **Total activities** Keep your receipts