

**Name of the insured** \_\_\_\_\_


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

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

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

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

	You	Partner	Dependant	Dependant
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	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total medical expenses:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Donations for charitable purposes**

sum up the amounts of charity

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

**Sports and/or cultural activities**
**only children 5 to 16 years old**

Sum all activities

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

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

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