



Medical expenses
Donations
Sports and cultural activities

Clear form

Year _____

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	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total medical expenses:	\$	\$	\$	\$

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 : _____