

# Business Expenses Report

## Overhead Expenses

IDENTIFICATION	
Claimant's Name: _____	Policy No.: _____
Date of Birth: _____ day/month/year	Social Insurance No.: _____ Provincial Health Card No.: _____
Telephone (home): _____	Mobile: _____ Email: _____
Business name: _____	
Business address: _____	

ELIGIBLE OVERHEAD EXPENSES			
State the amount of monthly expenses that you personally must incur in order to operate your business and include financial statement of income and expenses as well as supporting documents.			
Description	Amount (in \$)	Percentage of participation	Amount according to your participation
Rent or mortgage interest		%	
Water tax		%	
Electricity		%	
Heating and other public utilities		%	
Telephone (service, equipment rental and related taxes)		%	
Fixed office maintenance fees		%	
Accounting services		%	
Employee salaries* (for businesses with 5 employees or less)		%	
*Excluding your salary and the one of your replacement			
Business tax and license		%	
Depreciation of material and premises owned		%	
Postage		%	
Property taxes on business site		%	
Membership fee (professional association membership fees)		%	
Liability insurance (fire, theft, etc.)		%	
Lease equipment (computers, photocopiers, etc.)		%	
Other fixed expenses, regular and necessary for operating the business		%	
<b>Total amount</b>			

EXCLUSION	
<b>THE FOLLOWING EXPENSES ARE NOT ELIGIBLE</b>	
<ul style="list-style-type: none"> <li>- Cost of merchandise, stationary, items, books, materials or supplies pertaining to the profession</li> <li>- Advertising, promotion and representation</li> <li>- Existing debit</li> <li>- Professional training</li> <li>- Parking, travelling and automobile expenses</li> </ul>	<ul style="list-style-type: none"> <li>- Expert evaluations</li> <li>- Long-distance telephone calls</li> <li>- Court and bailiff's fees</li> <li>- Courier services</li> <li>- Bank charges and interest on overdrafts</li> <li>- Non-fixed maintenance fees and repair charges</li> </ul>

STATEMENT	
<b>I hereby declare that the above-mentioned expenses are, to the best of my knowledge, true and complete, and are based on the last 6 months of operation of my business preceding my disability.</b>	
Signature of the Insured: _____	Date : _____ day/month/year

# IMPORTANT NOTICE

The **Business Expenses Report** is required if you file a claim for the Overhead Expenses benefit.

- An overhead expenses claim is related to work stoppage. As a result, you must complete the claim forms for disability benefits. These forms are included in the Claimant's Guide – Disability Insurance.
- Complete all sections of the forms, attach the required documentation, and submit your claim within 90 days of the onset of disability.
- **Include the following documents to this form:**
  - Claimant's Statement
  - Authorizations (6)
  - Self-Employed Worker's Statement
  - Request for Payment by Direct Deposit and voided cheque
  - Attending Physician's Statement and medical file
- **Attach the following documentation to your claim:**
  - A copy of supporting documents explaining your expenses for the last month
  - If your business is incorporated, a copy of the latest business financial statements and a copy of Schedule 50 (Shareholder Information) of your business federal income tax return
  - If your business is not incorporated, a copy of the T2125 Form (Statement of Business of Professional Activities) that you provided with your last personal federal income tax return
- Please note that additional supporting documents may be requested during your disability period.
- Send your claim to the appropriate address listed below based on your province of residence.

If you have any questions, contact us before sending your file in order to avoid unnecessary delays. Please note that calls to our claims department are recorded for training, quality control and verification purposes.

**Blue Cross Canassurance**  
**Claims, Life and Disability Insurance**

**Telephone:** 1 800-300-5002

**Fax:** 1 877-590-7504

**Ontario Residents**

P.O. Box 4433, Station A

Toronto, Ontario M5W 3Y7

**Email:** [claimslife.disability@ont.bluecross.ca](mailto:claimslife.disability@ont.bluecross.ca)

**Québec Residents**

550 Sherbrooke St. West, Suite B9

Montréal, Québec H3A 3S3

**Email:** [claimslife.disability@qc.bluecross.ca](mailto:claimslife.disability@qc.bluecross.ca)