

Business Expense Statement

Please complete this statement along with the long term disability claim form if you are covered for the business expense benefits. Show expenses for the six months immediately before the start of the disability. If you share office resources or are a partner, show only insured's portion of the expense.

FIXED EXPENSES	MONTH					
Wages & Benefits / Number of Employees: _____						
Equipment Rental						
Janitorial						
Depreciation						
Rent						
Utilities						
Legal & Accounting						
Workers Compensation						
Business / Realty Tax						
Membership Dues						
Debt (Interest) Charges						
Telephone						
Other (Specify)						
VARIABLE EXPENSES						
Office Supplies						
Other (Specify)						
TOTAL EXPENSES						

I hereby declare that all above information is complete and accurate.

The _____ day of _____, 20_____.

 Claimant's Signature

 Witness

Please mail your claim to:
Chambers of Commerce Group Insurance Plan®
1051 King Edward Street
Winnipeg, MB R3H 0R4