



**LIVING ORGAN DONOR EXPENSE REIMBURSEMENT PROGRAM (LODERP)**  
**Claim Form (key-in entry fields) (page 1 of 3)**

Tab to each blue-bordered entry field and type in all relevant information for your claim. Red-bordered fields are automatically calculated, based on your entered information. When completed, you can “save as” and email to [heather.johnson@kidney.ca](mailto:heather.johnson@kidney.ca) or print, sign and fax to 1-800-667-8871. Or you can mail your completed and signed printed form to the above address. Please make sure you have also filled out your Donor Information Form.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DID#: \_\_\_\_\_

OFFICE USE ONLY

**TRAVEL:** Travel expenditures for both the assessment and surgery phases can be reimbursed if the applicant lives over 60 km from the transplant centre. Travel can include mileage (\$0.40/km), airfare, bus, taxi and/or airport shuttle. A maximum of 1,500 km can be claimed for both assessment and surgery travel combined. Only travel between home and the transplant centre will be reimbursed and no travel expenditures for a companion will be reimbursed unless pre-approved due to paired exchange travel out of province. Receipts are required for reimbursement of all travel expenditures except mileage which will be verified by [google.ca/maps](https://www.google.ca/maps). Photocopied / faxed receipts are acceptable. Maximum travel reimbursement is **\$1,500**.

DETAILS	ASSESSMENT	SURGERY	CLAIM Max: \$1,500 total	REIMBURSEMENT For Office Use
Assessment _____ km x Mileage _____ \$0.40/km	\$ _____		\$ _____	
Surgery _____ km x Mileage _____ \$0.40/km		\$ _____	\$ _____	
Airfare	\$ _____	\$ _____	\$ _____	
Bus fare	\$ _____	\$ _____	\$ _____	
Taxi/Shuttle	\$ _____	\$ _____	\$ _____	
Other Travel	\$ _____	\$ _____	\$ _____	
<b>Total Travel Claim</b>	\$ _____	\$ _____	\$ _____	



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**PARKING:** Parking charges can be reimbursed during the assessment and surgery phases. A total of 10 days parking at a maximum of \$26.04/day; receipts are required. Photocopied / faxed receipts are acceptable.

DETAILS	ASSESSMENT	SURGERY	CLAIM Max: \$ 260.40	REIMBURSEMENT For Office Use
Total Parking Claim	\$ _____	\$ _____	\$ _____	

**MEALS:** Meals are reimbursed for applicants who must travel over 60 km for surgery and stay in Vancouver after hospital discharge. The meal allowance is \$175 lump sum; no receipts are required. Meals are not reimbursed during the assessment phase.

DETAILS	ASSESSMENT	SURGERY	CLAIM Max: \$175	REIMBURSEMENT For Office Use
Total Meal Claim	\$ _____	\$ _____	\$ _____	

**ACCOMMODATIONS:** Applicants may claim up to a maximum of 2 nights for each assessment visit. During the surgery stage, applicants may claim up to 7 nights' accommodation (unless paired exchange travel out of province) at a maximum of \$150/night if your stay is between November and April or \$195/night if your stay is between May and October. Photocopied / faxed receipts are acceptable. Receipts required.

DETAILS	ASSESSMENT	SURGERY	CLAIM Max: \$2,100	REIMBURSEMENT For Office Use
Total Accommodation Claim	\$ _____	\$ _____	\$ _____	

**LOSS OF INCOME (LOI):** Canadian applicants may claim for loss of income if (a) they are employed or (b) they are self-employed at the time of surgery / recovery. Employed applicants **must** apply for Employment Insurance Sickness Benefit and must have their employer complete the LODERP income verification form. Applicants who will be receiving Employment Insurance (EI) or Short Term Disability may claim for the wait period. Self-employed applicants must submit their previous two years' income tax information to verify income. Self-employed applicants and others who do not qualify for Employment Insurance may claim up to eight weeks LOI, providing they remain off work for that length of time. The Loss of Income subsidy is not taxable and is the full amount of the usual weekly net income to a maximum of \$700/week. Maximum Loss of Income claim is \$5,600. We can supplement the compensation you receive from your employer or from employment insurance, but only up to the maximum of \$700/week.

**LOI Calculation**

$$\frac{\text{number of weeks (enter a number no greater than 8)}}{\text{number of weeks (enter a number no greater than 8)}} \times \frac{\text{average net weekly pay (enter a number no greater than \$700)}}{\text{average net weekly pay (enter a number no greater than \$700)}} = \text{TOTAL (Max: \$5,600)}$$

The LODERP Administrator will verify your Loss of Income claim amount based upon the information on your Income and Benefit Verification Form or your submitted tax returns.



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**OTHER:** Applicants may use this section to apply for childcare (only available to the stay-at-home parent / applicant who proceeds to surgery) or to apply for reimbursement of other expenses not listed above. Childcare/pet care is assessed individually with childcare covered at minimum wage. Also, please use this section for the Companion Travel reimbursement. All "OTHER" claims must be pre-approved by the LODERP Program Director and no retroactive claims will be considered.

DETAILS	ASSESSMENT	SURGERY	CLAIM	REIMBURSEMENT For Office Use
Companion Airfare	N/A	\$	\$	
Companion Accommodation	N/A	\$	\$	
Companion Meals	N/A	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>Total Other Claims</b>	\$	\$	\$	

TOTALS	ASSESSMENT	SURGERY	CLAIM with MAX VALUES	REIMBURSEMENT For Office Use
<b>TOTAL LODERP CLAIM</b>	\$	\$	\$	

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>For LODERP Office Use Only</b>		
Date Received:	DID Number:	Total Reimbursement:
Authorized by:		