

## Locum Support Program

The Locum Support Program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Yukon Government (YG). The purpose of this program is to assist physicians who reside and practice in the Yukon with expenses incurred in securing locum services to cover their practices.

*Amounts received under the benefit programs are required to be included in the income of the recipient in the year in which they were received. (Original receipts should be retained.) A T4A will be issued in February. Please see the attached consent form to receive your T4A by email.*

### Locum Contracts

The resident physician/clinic and locum physician will negotiate the terms of the locum contract. Please ensure you sign-off, with the resident physician/clinic representative, the Locum Contract Checklist (included). The program will reimburse eligible expenses, but only if the eligible expense is authorized by the resident physician/clinic.

### Receipts

Keep your original receipts for income tax purposes and send copies with the application.

### Copies of Documents

Send only photocopies, flatbed or sheet-fed scans of actual receipts. Do not submit smartphone or tablet images/scans of paperwork as they are of poor quality for printing and record keeping.

### Usual and Reasonable Expenses eligible for Reimbursement

Reimbursement of any of these expenses is not guaranteed under this program. You must negotiate with the resident physician which expenses will be reimbursed. Signing the Locum Contract Checklist indicates that you are in agreement with the terms.

These are airfare, checked baggage fee, local accommodation, local vehicle rental, licensing fees, certificates of good standing for licensing/privileging requirements and notary public fees. Expense claims do not extend to spouses, family members or dependents.

- Air Travel > Only advance-booked, economy-class tickets will be reimbursed. Only the most direct routing will be reimbursed. Only one round-trip flight will be reimbursed.
- Checked Baggage Fees > One checked bag per flight is reimbursable, with receipts.

- Ground Travel > Should a locum physician elect to drive to and from the Yukon for work s/he will receive the dollar value of an Air Canada economy round-trip Flex fare. In this case receipts for ground travel do not need to be submitted for reimbursement.
- Local Vehicle Rental > If a vehicle rental is required for work, commercial rental vehicle charges for locums are reimbursable, with the following stipulations:
  - **Important** > the Yukon Medical Association is now a corporate client of Driving Force rentals and we receive corporate discounts. Please identify yourself at the time of booking a vehicle as a locum physician with the Yukon Medical Association to receive the corporate discount. Driving Force contact > toll free 1-800-936-9353; phone (867) 668-2137.
  - Excess mileage charges will not be reimbursed.
  - The reimbursable period is for the span of the locum contract, plus 2 days prior to starting and 2 days following completion of the contract.
  - The maximum reimbursement for a daily rental charge will be limited to \$90. This includes insurance charges, concession fee recovery and other billable charges.
  - any variations from the above will be dealt with on a case-by-case basis, and only with pre-approval. For example, a locum coming with a family that requires a larger vehicle.
  - Rental fees charged for private vehicles will not be reimbursed.
- Accommodation > Reimbursement for rent is capped at \$150 per night and \$2,500 for 31-day span. This cap is inclusive of utilities, phone, internet, cable, condo fees, etc. Primary residences of local physicians are not eligible for rent reimbursement. The reimbursable period is for the duration of the locum contract, plus 2 days prior to starting and 2 days following completion of the contract.
- Miscellaneous Expenses > The following items are reimbursable, with submission of receipts and/or credit card payment slips: Yukon registration and licensing fees, and associated documentary expenses, such as certificates of good standing and notary public services. Registration and licensing fees for professional corporations are not eligible expenses under this program.

### **Payment by Direct Deposit**

Under this program all reimbursement payments are made directly to the locum physician or his/her professional corporation. We have moved to direct deposit. Please send either of the following for setting up payment:

1. a direct deposit document downloaded from your bank site, OR
2. a good quality smartphone image of a void cheque

## **CRA Email Consent Form**

Amounts received under the benefit programs are required to be included in your income for 2018. A T4A will be issued in February.

We prefer to send your T4A by email, as an encrypted PDF. Canada Revenue Agency requires signed consent to do so. If you are in agreement, please sign and returned the attached one-time document for our files.

### **A Complete Application consists of:**

- One page application form
- One Locum Contract Checklist signed by locum and resident physician/clinic rep
- Locum Coverage Calendar for each physician whose office you cover
- Copies of all eligible receipts
- Direct deposit details
- CRA email consent form

### **Submission of Application**

Submit completed applications by mail or email to the following address (we do not use fax).

Fund Manager, Yukon Medical Association  
5 Hospital Road, Whitehorse, YT Y1A 3H7  
funds@yukondoctors.ca

Requirements and applications are downloadable from the Yukon Medical Association web site at [www.yukondoctors.ca/locum](http://www.yukondoctors.ca/locum)

*Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from [www.yukondoctors.ca](http://www.yukondoctors.ca)*

## Application to the Locum Support Program

No phone/tablet images please (these print/copy poorly for recordkeeping)

SEND ONLY PHOTOCOPIES or FLATBED/SHEET-FED SCANS

Your Name \_\_\_\_\_

Your Email Address \_\_\_\_\_

If no Prof Corp, your SIN \_\_\_\_\_

Your Prof Corp Name, if applicable \_\_\_\_\_

Your Prof Corp CRA Business # \_\_\_\_\_

### REIMBURSABLES

Air Travel (*receipts required*) \$ \_\_\_\_\_

Checked Baggage Fees - 1 per flight (*receipts required*) \$ \_\_\_\_\_

Accommodation (*receipts required*) \$ \_\_\_\_\_

Vehicle Rental (*receipts required*) \$ \_\_\_\_\_

Yukon Registration-License Fees (*receipts required*) \$ \_\_\_\_\_

Certificate(s) of Good Standing (*receipts required*) \$ \_\_\_\_\_

Notary Public Expenses (*receipts required*) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Payment made to: \_\_\_\_\_  
(*Professional Corporation name, if you have one*)

Mailing address: \_\_\_\_\_

(please print) \_\_\_\_\_

\_\_\_\_\_

*Terms and Conditions - Requirements and eligibility criteria are subject to change without notice.  
Always download the latest version from [www.yukondoctors.ca](http://www.yukondoctors.ca)*

# Locum Support Fund Checklist – Authorized Expenses

- ~ Only one checklist per locum
- ~ Please check **ONLY** the boxes of items that form part of your contract.
- ~ Please strike through items **NOT** included
- ~ No phone/tablet images please (these print/copy poorly for recordkeeping)
- ~ **SEND ONLY PHOTOCOPIES or FLATBED/SHEET-FED SCANS**

## EARNINGS/OVERHEAD

- Locum Physician retains 100% of Gross Earnings (Overhead Payment made to Resident Physician)
- Locum Physician pays Overhead from Gross Earnings (No Overhead Payment to Resident Physician)

## REIMBURSABLES (see guidelines)

- Airfare/Ground Travel Reimbursement (includes 1 checked bag fee per flight)
- Accommodation Rent
- Vehicle Rental
- Yukon Medical Council Registration and License Fees
- Certificate(s) of Good Standing
- Notary Public Expenses for Licensing and Registration

**The following resident physician(s) are having their practice covered by this locum physician:**

Physician	Dates of Coverage
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Clinic/Physician(s) representative [please print]

\_\_\_\_\_  
Locum Physician [please print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Locum Support Fund - Coverage Calendar

This form must have two signatures prior to submission.

Please complete **one form for each physician you covered** during your locum contract.

Include **only the days on which you billed for medical services while covering the physician's office practice**.

**Locum Name** \_\_\_\_\_

**Resident Physician covered** \_\_\_\_\_

Week of Locum	Monday month / day	Tuesday month / day	Wednesday month / day	Thursday month / day	Friday month / day	Saturday	Sunday
1							
2							
3							
4							
5							
6							

\_\_\_\_\_  
PRINT NAME Resident Physician/Clinic Manager

\_\_\_\_\_  
SIGNATURE Resident Physician/Clinic Manager

\_\_\_\_\_  
PRINT NAME Locum Physician

\_\_\_\_\_  
SIGNATURE Locum Physician

No phone/tablet images please  
(these print/copy poorly for recordkeeping)

Send only photocopies or  
flatbed/sheet-fed scans

### CONSENT FORM – email distribution of T4A

Amounts received under the YMA benefit programs are required to be included in the income of the recipient in the year in which they were received. Original receipts should be retained.

A T4A will be issued for payments received from any of the following funds:

#### YMA Members

- CME Program
- CMPA Program
- GP Oncology Training
- Locum Support Fund
- New Grads of CCFP Fund
- New Grads of RCPSC Fund
- Office Renovation Program
- Office Startup Program
- Parental Benefits
- Preceptor Support Program
- Recruitment Program
- Relocation Program
- Retention Program

#### Locums, Residents and Medical Students

- CMPA Program
- Locum Support Fund
- Resident/Medical Student Support Fund

We would prefer to send your T4A via email, as an encrypted PDF. The Canada Revenue Agency requires us to secure your signed consent in order to do so. Please complete the details below and return this form at your earliest convenience to [funds@yukondoctors.ca](mailto:funds@yukondoctors.ca)

**I hereby consent to have my T4A sent to me by email.**

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Name (please print)

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Signature

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Email address