

<b>Office Use</b>	Date Received:
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# ADVISOR CLAIM FORM

## FARMLAND HEALTH CHECK-UP

### STEP 1: PAYMENT INFORMATION

Name	Please make the cheque payable to:		
Phone Number	Mailing Address		
Email Address	City/Town	Province	Postal Code

### STEP 2: TOTAL FARMLAND HEALTH CHECK-UP SERVICES

Date of Check-Up YYYY/MM/DD	Name of Producer	Travel Time* (min)	Time at the Farm/Time spent on Digital FHCU (min)	Prep and Follow-up Time (min)	Office Use	
					Digital FHCU Workbook ID	Digital FHCU Date of Completion
Office Use	Total Number of Check-Ups Completed:		Total Payment: \$			
<b>A payment of \$600 will be allotted for each eligible and completed Farmland Health Check-Up received by OSCIA.</b>						

\* For Farmland Health Check-Ups completed remotely, please enter travel time as 0 minutes.

### STEP 3: SIGNATURE

I declare this information to be true and accurate. I understand that checking this box and entering my name and signature below acts as my legal electronic signature.

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Authorized signing authority of the participating advisor (please print)

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Signature

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Date (YYYY/MM/DD)