

ADVISOR CLAIM FORM

FARMLAND HEALTH CHECK-UP

STEP 1: PAYMENT INFORMATION

Name	Name of Business or Individual to Receive Payment:		
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: \$			
A payment of \$600 will be allotted for each eligible and completed Farmland Health Check-Up received by OSCIA.						

* 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.

Authorized signing authority of the participating advisor (please print)

Signature

Date (YYYY/MM/DD)