

***assureflex***

**health spending account**

**the evolution of health and dental care benefits ©**


## **Application**

Assureflex Corporation  
Post Office Box 81, Strathroy, Ontario N7G 3J1  
telephone: (519) 245-3283 local to London and area  
toll free: (866) 928-6511 in Ontario only

website: <http://www.assureflex.com>  
email: [mailroom@assureflex.com](mailto:mailroom@assureflex.com)

Copyright © 2012 All Rights Reserved

Version 201204



between \_\_\_\_\_ referred to as **Employer**  
and the **Assureflex Corporation** referred to as **Assureflex**

**Assureflex Health Spending Account** is provided according to the following conditions:

### **Administration Fees**

**Employer** hereby agrees to provide **Assureflex** with funds sufficient to **fully indemnify eligible Expenses** incurred by the **eligible Employees**, or their **eligible Dependents**, and the applicable **Administration Fees as a percent of Claims** submitted, plus all applicable Taxes. **Employer** also **guarantees to fully indemnify Assureflex** for any and all time and expenses incurred in the **collection of any funds which are in arrears or default by the Employer**.

### **Claims Indemnification**

**Assureflex** hereby agrees to provide funds sufficient to **discharge actual eligible Expenses** incurred by the enrolled **Employees**, or **eligible Dependents**, by payment of such applicable funds directly to the **Health Care Provider or Dental Care Practitioner**, or **reimbursement to the enrolled Employee** if such **eligible Expenses** have already been paid by the Employee, and an **original of Receipt of Payment** is provided to **Assureflex** as evidence of payment.

### **Indemnification Levels**

**Eligible Claims** shall be paid to, or paid on behalf of, **eligible Employees** and their **eligible Dependents**, as allowable under the **Tax Act and Federal and Provincial Legislation**, and not in duplication of other benefits. **Indemnification** shall be made on **Claims as designated by the Employer**, who may **enhance or limit eligibility** (by **Class, Dependents or Annual Maximums**) by **prior arrangement with Assureflex** and by **advising eligible Employees**.

### **Prepayment of Claims**

On receipt of any **Claims Form in excess of \$10,000.00**, **Assureflex** will review the Claim for **eligibility and calendar year maximums**, and **invoice the Employer** for payment of the **eligible Claim, Administration Fees and applicable Taxes**. On receipt of payment from the **Employer**, **Assureflex** will process the **Claims payment to the Employee or the Provider**. **Claims up to \$10,000.00**, will be processed and **invoiced monthly to the Employer**.

### **Enrollment Requirement**

**Eligible Employees** shall be advised of benefits available to them and **eligible Dependents**, and all **eligible Employees** shall be indemnified for all eligible **Health and/or Dental Care** expenses incurred by them, or incurred by their **eligible Dependents**, in accordance with the **Assureflex** eligible provided expenses, until **Notice** is given by **Employer to Assureflex** that the enrollment of the **specified Employee** is **terminated** as of the date given in such notice.

## Carry Forward Provisions

Any unused portions of the calendar year **Benefit Maximums** are not carried forward to the following Calendar Year. Unused portions of calendar year **Benefit Maximums** become unavailable for Claims processed after December 31<sup>st</sup>. **Claims may be carried forward to the following calendar year**, but can be no older than twelve months on date submitted, to conform to the **Income Tax Act** and the **Canada Revenue Agency** Regulations.

## Legislative Requirements

It is the obligation of the **Employer** to ensure that **Claims for eligible Employees** and eligible **Dependents** and applicable **Assureflex Administration and Consulting Fees**, and **Federal and Provincial Taxes** are **submitted to Assureflex**, and **eligibility of Employees** and **Claims submitted** conform to the provisions of the **Income Tax Act** and Regulations of the **Canada Revenue Agency** shown in **IT-519R2** or subsequent revisions thereof.

## Amendment or Termination

The Agreement may be **amended** or **terminated** by either party on **thirty days** written **Notice**, subject to **completion of** any and all **transactions started prior to the change**. If there are **no eligible Claims processed** within any consecutive **12 month period**, then Assureflex has the **option to terminate** this Agreement **without further notice**, subject to any and all **financial obligations** of the Employer **remaining** in full force and effect.

## Payment of Monthly Invoices

Monthly Invoices are provided at the **start of each month**, for payment within the first **10 days of receipt**. If full payment has not been received **by the 20<sup>th</sup> of the month**, then Employees' Claims will be **held until payment is received**. If full payment is not received by the end of the month, then the plan will be suspended and collection procedures started. **Assureflex** will be a **Secured Creditor** of the **Employer**, its Shareholders and Directors.

## Electronic Transmission

It is **agreed** that this document (and associated documents) may be retained in electronic storage or information retrieval systems, and **any copy shall be as valid as the original**.

for the **Employer** \_\_\_\_\_  
signature of **authorized corporate Signing Officer**

\_\_\_\_\_  
printed name of **above corporate Signing Officer**

signed on **Month, Day, Year** \_\_\_\_\_

## Agent Information

Agent Name \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
City and Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Toll Free Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

complete the above if a licensed Agent is to act as employer's consultant

## Employer Information

Administrator \_\_\_\_\_  
Business Name \_\_\_\_\_  
use "doing business as" name, if different than the company's legal name  
Business Address \_\_\_\_\_  
City and Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Toll Free Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

must include an email address, to facilitate policy issue and administration

## Agreement Effective

**Agreement is effective on the first day of the selected month** following the  
**Employer's date of Signature** and on each **subsequent Anniversary Renewal**.

**Agreement to be effective on the first day of:** \_\_\_\_\_  
usually first of the next month

## Information and Communication

It is agreed that the Assureflex Corporation may (at its discretion) provide periodic unsolicited email information and communication to the Employer at the email address provided, and that the Employer may "opt-out" from any/all unsolicited information.

## Administration and Consulting Fees

fees 10.00 % of total Claims per submitted Employee Claims Form

To reduce cost of Administration and Consulting Fees, several items for an Employee and/or for their eligible Dependents can be combined into one submitted Claims Form.

note Federal 13% HST is charged on Assureflex Administration Fees.  
Ontario 8% PST is charged on total Claims submitted and processed.  
Ontario 2% Premium Tax is charged on Claims plus Administration.

**Name of Employee Class** \_\_\_\_\_

**note** this is to define benefits for Employees in an eligible Class, such as "Employees" or "Executives". Use a separate page for each Class, and no more than 3 Classes.

**Eligibility**

- Starting the first day of employment, or
- Starting the first of the month after \_\_\_\_\_ months of employment.

**Employees**

- Full-time Employees of the Employer,
- and Part-time Employees of the Employer.  
and also including:
- Continuation of benefits for Retired Employees.
- Continuation of benefits for laid-off Employees.

**note** benefits are for "bona fide" Employees receiving a salary (or Retired or laid-off Employees), and not available if income is derived by means of dividends only.

**Dependents**

- Spouse or Common-Law Spouse of the Employee, and Children of the Employee, Spouse or Common-Law Spouse.  
and also including:
- Grandchildren of Employee, Spouse/Common-Law Spouse.
- Parents, Grandparents, Brothers, Sisters, Uncles, Aunts, and Nieces or Nephews, residing in Canada and related by blood, marriage or adoption, to the Employee or Spouse.

**Benefit Maximums**

suggested at \$1,000 Single and \$2,500 Family (or more) for "Employees"  
suggested at \$2,000 Single and \$5,000 Family (or more) for "Executives"

- First Calendar Year**
- Reimbursement Percent \_\_\_\_\_ to a maximum of
- Single (no Dependents) \_\_\_\_\_ per calendar year.
- Family (with Dependents) \_\_\_\_\_ per calendar year.
  
- Subsequent Calendar Years**
- Reimbursement Percent \_\_\_\_\_ to a maximum of
- Single (no Dependents) \_\_\_\_\_ per calendar year.
- Family (with Dependents) \_\_\_\_\_ per calendar year.

**note** first calendar year, and subsequent calendar year, maximums are available to all eligible Employees - regardless of the effective date of benefits during the year.

**Benefits Selected**

- Health Care only  Dental Care only
- Health and Dental Care  2 yr. Survivor Benefits

**Listing of Currently Eligible Employees**

please Print clearly or Type, and use additional Pages if needed

	Last Name	First Name	Initials	Single or Family	Employee Benefit Class if Applicable
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____

**note** On receipt and processing of completed Application and Enrollment, Employers receive Agreement, Administration Manual, Benefit Booklets and Claims Forms.

**note** If there are questions, please visit the website or telephone (toll free) or email. The Assureflex Application can be mailed or sent as a PDF email attachment.

**Listing of Employees selecting Direct Deposit Option**  
 please Print clearly or Type, and use additional Pages if needed

	Last Name	First Name	Initials	Personal Email Address for Direct Deposit Notifications
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____

**note** Employees have the option of Claims Payments by Cheque or Direct Deposit.  
 There is a \$1.50 charge (deducted from each Claim Payment) for Direct Deposit.

**Employer Invoice Options**

- [ ] Monthly email Invoice from Assureflex, and payment by Cheque from Employer.
- [ ] Monthly email Invoice from Assureflex, and payment by Electronic Funds Transfer.

**note** Employers have the option of Invoice Payments by Cheque or Direct Payment.  
 There is no charge for Employer's Direct Payment by Electronic Funds Transfer.