

## FlexSave - Employee Enrollment



*Please complete the following information to enroll a new employee.*

**DO NOT USE THIS FORM TO CHANGE LIMITS OR BENEFITS!!!!**

Employee Information		
Company Name:		
Employee Name:		
Address:		
City:	Province:	Postal Code:
Date of Birth: <small>DD / MMM / YYYY</small>	Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Dependent Coverage			
Please complete for couple or family coverage			
Dependent Name	Gender	Date of Birth	Relationship
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	

Flexsave Coverage Information	
Maximum Benefit Amount - \$	Employee Class -
Coverage Start Date: <small>MMM/YYYY</small>	
Should First Year Benefit Amount be Pro-Rated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carryforward and Co-Pay information for all employees is based on trust set up.	

**STOP LOSS ENROLLMENT IS OPTIONAL (Maximum Coverage Age is under 70)**

**Please indicate plan requested**

Coverage Details			
<input checked="" type="checkbox"/>	Plan Type	Annual Premium	Monthly Premium
	Single	\$100.00	\$8.75
	Couple	\$190.00	\$16.65
	Family	\$245.00	\$21.50
Premium rates are provided for information only. Premium will be paid in accordance with plan setup			

Broker Name	
Administrator Signature	

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### Employee Information

Company Name:

Employee Name:

### Request for Direct Deposit

It is understood that:

- This banking information will be used for the sole purpose of depositing reimbursement
- This information will be held in the Master File of the company for which the employee is employed
- Hub Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time
- It is the sole responsibility of the employee to ensure the accuracy of the banking information on file. In addition any subsequent changes in banking information must be reported in a timely fashion
- Hub Financial Inc. may terminate payment by direct deposit without prior notice or authorization from the employee

### Signatures



Employee Signature:

Date:

**Please attach a PERSONAL VOID CHEQUE for the account the claim reimbursement should be deposited to**

**Flexsave Division – HUB Financial Inc.**

1001, 3700 Steeles Avenue West, Woodbridge, ON L4L 8M9

Phone: 1 (800) 561-2405 (option 2) or Fax 1 (866) 417-8394

Email: flexsave@hubfinancial.com