

# FlexSave Application - Corporate Applicants

An efficient alternative for business owners – Flexible Benefits, Increased Tax Savings



## Client Account Information

Legal Company Name (please indicate DBA or Op Co. Names):

Address:

City:

Province:

Postal Code:

Key Contact / Administrator Name:

Phone Number:

Fax Number:

Email Address:

## Plan Information

Plan Effective Date: (earliest date for which expenses will be reimbursed)

DD/MMM/YYYY

Plan Benefit Year:

Will be CALENDAR YEAR unless specified otherwise.

Specified Benefit Year: From \_\_\_\_\_ to \_\_\_\_\_.

Deposit Frequency:

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Monthly

☐

Yearly

☐

As Required

Deposit Method:

☐

Pre-Authorized Debit

☐

Cheque

## Plan Design

Employee Classification		Fixed Annual Benefit Level	
Class	Description	Maximum Claims/ Year	%Co-Pay *
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

\* Co-Pay percentage will default to 100% employer paid if not otherwise specified.

Unused Benefit To Be:

(Only ONE can be selected)

☐

Forfeited

☐

Carry Forward Maximum

☐

Carry Forward Receipts

## Signatures



Applicant Signature:

Applicant Name (if other than Main Contact listed under Client Information Section):

## Broker Information

Broker Name:

Email Address:

Delivery Options:

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Please send me confirmation email when trust documents are sent to my client.

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Please send all trust documents to me to deliver to the client.

Broker Signature:

Hub Office:

☐

B.C.

☐

Prairies

☐

Ontario

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\$250.00 Non-Refundable Set Up Fee Enclosed