

# FlexSave Application - Self Employed / Unincorporated Applicants

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



## Client Account Information

<b>Applicants Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Key Contact Name:</b>	<b>Date of Birth:</b> DD / MMM / YYYY	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Phone Number:</b>	<b>Fax Number:</b>	<b>Email Address:</b>	

## Plan Information

<b>Plan Effective Date: (month)</b>			
<b>Deposit Frequency:</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> As Required
<b>Deposit Method:</b>	<input type="checkbox"/> Pre-Authorized Debit	<input type="checkbox"/> Cheque	

## Plan Design

<b>Number of Adults (those over 18) to be covered:</b>		X \$1,500	=	a
<b>Number of Dependent children (under 18) to be covered:</b>		X \$750	=	b
<b>Number of Dependent children (age 18-25 and attending post-secondary school on a full time basis) to be covered:</b>		X \$1,500	=	c
Maximum is \$1,500 per adult, and \$750 per child. These amounts are based on the program being in place for the entire year. (Amount prorated in first year based on date of implementation. i.e. if the program is structured 6 months into the year, then the maximums would be 50% (# days plan in place / 365 days) of these amounts.)				
<b>Total (a+b+c) : this is a maximum tax deduction amount</b>				= d

## Catastrophic Stop Loss / Travel Medical (Mandatory Coverage) (Maximum Coverage under age 70)

<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

<b>Effective Date of Coverage</b> (all coverage begins on the 1 <sup>st</sup> of the month selected)	MMM / YYYY
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## Catastrophic Stop Loss / Travel Medical - Dependent 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 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

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## Catastrophic Stop Loss / Travel Medical - Premium Payment

<input checked="" type="checkbox"/>	<b>Payment Mode:</b>	<b>Payment Details:</b>
	<b>Annual</b>	<b>Cheque attached in the amount of \$</b>
	<b>Monthly</b> (PAC Form and VOID Cheques must be submitted)	<b>Initial premium attached in the amount of \$</b>

**Catastrophic Stop Loss / Travel Medical is mandatory for employers who are not incorporated.**

**It can be applied for by all employees using a separate "Catastrophic Stop Loss / Travel Medical Employee Enrollment Form".**

**Maximum coverage under age 70**

## Request for Direct Deposit of Claim Reimbursement

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

## Signature for Direct Deposit



**Applicant's Signature:**

**Date:**

**Please include a VOID Cheque for the account that Claim Reimbursement should be deposited to.**

## Signature for Application for FlexSave



**Applicant Signature:**

## Broker Information

<b>Broker Name:</b>	<b>Email Address:</b>
<b>Delivery Options:</b>	<input type="checkbox"/> Please send me confirmation email when trust documents are sent to my client. <input type="checkbox"/> Please send all trust documents to me to deliver to the client.
<b>Broker Signature:</b>	<b>Hub Office:</b> <input type="checkbox"/> B.C. <input type="checkbox"/> Prairies <input type="checkbox"/> Ontario

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**\$250.00 Non-Refundable Set Up Fee Enclosed**

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