

Start your myFLEXplan Account today for

Corporate

This package contains:

1. FAQ Sheet
2. Corporate Application form
3. Instructions
4. Employee Enrollment form
5. Sample Director's Resolution

Further Information may be obtained from www.myFLEXplan.ca

1. List of Allowable Medical Expenses
2. CRA Interpretation Bulletins

What you need to know to help complete your Application form:

1. This form can be completed by computer as it is a fillable Adobe .pdf file. However, you must print the form and mail it to us as we do need an original signature on file.
2. The top section **Company** is the business information under which you operate. This must be signed by an officer of the company that can enter into contracts on behalf of the company.
3. The second section **Plan Design Options** is where you specify exactly how you want you plan to operate. We will be glad to help you with this part of the plan design, but we have established defaults that will suit most small businesses. These defaults are generally printed in black, while the other options are printed in gray.
4. **Deposits (Option 1)** - The normal method is to pay on a quarterly or as-required basis. You can check the balance of your account at any time via the Internet access provided. We strongly recommend you provide a Pre-Authorized Withdrawal (PAW) Authorization. This will enable us to process your Employee's claims quickly with a minimum of effort on your part.
5. **Benefit Year (Option 2)** – This may be the Calendar year which is the simplest for employees to understand, your Company year-end or it may coincide with a benefit year-end for a traditional insured benefits plan.
6. **Grace Period (Option 3)** – The default grace period for submitting claims is 3 months after the benefit year-end and after termination. You can reset these defaults. This is different than the date of service. For example if an employee is terminated as of September 15th, they will have until December 15th to submit any outstanding claims. However, any expense incurred after September 15th will not be paid.
7. **Pro-Rate Benefits (Option 4)** – The default is to allocate benefits on a daily basis from the date of hire and the date of termination. For example, if the employee has \$500 in benefit allocation, and they are hired on April 15th, they will be given $261/365 \times \$500 = \357.53 in benefits for their first year. If a person has already spent their annual benefit limit by September 15th when they are terminated we cannot recover the 'unearned' amount from them.
8. **Claim / Benefit Carryover Privileges (Option 5)** – CRA allows an employee to carry any unused benefit allowance over to the following year, or to carry an expense forward to the next year, but not both. This allows a person with \$500 in benefit allowance to be reimbursed for a \$1,000 claim over the 2 years. However, a large number of plans are on a 'use or lose it' basis where unused benefits are forfeited.
9. **GST Exempt (Option 8)** – please indicate here. Companies based in Ontario and Quebec are subject to provincial premium taxes.
10. **Health Spending Accounts and Other Accounts** - You can easily establish different plan design for different classes of employees. For example, Senior Executives may have \$1,000 limit with 100% reimbursement, Hourly Employees, \$500 with 100% reimbursement and Contract Employee, \$500 with 80% reimbursement. **IMPORTANT** – You must have a logical business reason for establishing different classes of employees. A higher level of benefit cannot be given to a person on a basis of share ownership in the company.

If you are establishing multiple Plans feel free to use more than one copy of Page 3 to meet all your plan design needs.

What to do when you have completed your Application form:

Once you have completed and signed the Application form and the Banking Authority form they should be sent to TOLCO Financial Strategies along with your cheque for the Setup fee. These can be faxed to us in order to get started right away. However, we do require original signatures so the forms must be sent in the mail or courier.

Once we have received the forms and processed your application (usually 2 business days) we will send you a welcome package which will include:

- your Company ID
- your Plan ID
- your Administrator UserID
- Plan documents (You must sign the Plan Documents and return them to us. If we do not receive them back within 30 days we will suspend the plan)
- Employee Enrollment form customized for your Plan
- Employee Claim form customized for your Plan

As soon as you have your Plan ID you can begin to get the Employee Enrollment forms completed for each employee to be covered. These do not need to be sent to TOLCO Financial Strategies as you will be able to enter them online. If you do not wish to enter the Employee data yourself, we can do it for you and set up each employee for a small fee.

As soon as you have entered an Employee on-line, or we have, they will be able to submit claims.

Please refer to www.myhrmgr.ca for a current list of service fees that may be applicable.

Please complete this application if you are an employer that will enroll two or more employees

Administrative services provided by:

TOLCO Financial Strategies
4400 Parkwood Terrace
Victoria, BC V8X 4Z8

www.tolco.ca

Phone: 778-433-1020 Fax: 778-433-3020

Company

Name: _____

Contact: _____ Direct Phone: _____

Title: _____ Fax: _____

eMail: _____

Address: _____ Main Phone: _____

City: _____ Province: _____ Postal: _____

Authorized Signature: _____

Date: _____

Plan Design Options

1 - Deposits: Frequency: Monthly Quarterly Yearly As Required
Method: Cheque Pre-Authorized Debit (authorization required)

2 - Benefit Year-end: Calendar year Begins _____

3 - Grace period (in months) to submit claims: After Benefit Year-end 3 After Termination 3

4 - Pro-Rated benefits

	On Enrollment	On Termination
<input type="checkbox"/>	Daily	<input type="checkbox"/>
<input type="checkbox"/>	Partial month as full month	<input type="checkbox"/>
<input type="checkbox"/>	Full month only	<input type="checkbox"/>
<input type="checkbox"/>	Partial quarter as full quarter	<input type="checkbox"/>
<input type="checkbox"/>	Full quarter only	<input type="checkbox"/>
<input type="checkbox"/>	Not pro-rated	<input type="checkbox"/>

5 - Claim / Benefit Carryover privileges: Unused benefits are Forfeited (must be selected for Wellness Plans)
 Unused benefits are carried over to the next benefit year
 Unpaid claims may be carried over to the next benefit year

8 - Are you GST Exempt? No Yes Provincial Tax Applicable? No Yes Province: _____

myHRmgr Administration Only

Operator ID:

Advisor ID:

Health Spending Account Plan Design

PlanID	Employee Class:				
<input type="checkbox"/> Include Travel Medical	<input type="checkbox"/> Travel from Benefit				
Benefit	Reimburse 100% or	Max per year	or	<input type="checkbox"/> Limit to Amount on Deposit	
Health Spending Account:	<input type="checkbox"/> %		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	

PlanID	Employee Class:				
<input type="checkbox"/> Include Travel Medical	<input type="checkbox"/> Travel from Benefit				
Benefit	Reimburse 100% or	Max per year	or	<input type="checkbox"/> Limit to Amount on Deposit	
Health Spending Account:	<input type="checkbox"/> %		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	

PlanID	Employee Class:				
<input type="checkbox"/> Include Travel Medical	<input type="checkbox"/> Travel from Benefit				
Benefit	Reimburse 100% or	Max per year	or	<input type="checkbox"/> Limit to Amount on Deposit	
Health Spending Account:	<input type="checkbox"/> %		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	

Other Account Plan Design

PlanID	Plan Name:				
Benefit	Reimburse 100% or	Max per year	or	<input type="checkbox"/> Limit to Amount on Deposit	
Wellness Account:	<input type="checkbox"/> %		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
Description of Benefits Permitted:					

Policy Plan Design

PlanID	Plan Name:				
Policy Types Permitted:	<input type="checkbox"/> Critical Illness <input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Long Term Care Insurance				

Wageloss Replacement Plan Design

PlanID	Plan Name:				
Rate:	\$	Maximum Benefit:	\$		

Plan Fees

Initial Set-Up Fee:	\$					
Annual Fee:	\$					
Administration Fee:	% 10	<input type="checkbox"/> Paid by ER	\$	Minimum	\$	Maximum
Concierge Fee:	\$	per Item	\$	Maximum		

Pre-Authorized Debit (PAD) Approval (a VOID cheque MUST be provided)

We authorize TOLCO Financial Strategies, Health & Welfare Trust to process a debit, in paper, electronic, or other form in amount of:

1) Fixed Amount \$ _____

OR:

2) A variable amount being stated on a statement mailed (in paper or electronically) to the company:

Beginning on: _____

Frequency: _____

Ending on: _____

We acknowledge that we have read, understand and accept all the provisions contained in the Pre-Authorized Banking Terms as posted on the internet site at www.myFLEXplan.ca

Signing Officer: _____
Please print name and title

Signature _____ Date: _____

Signing Officer: _____
Please print name and title

Signature _____ Date _____

Please attach VOID cheque here

Administrative services provided by:



TOLCO Financial Strategies
4400 Parkwood Terrace
Victoria, BC V8X 4Z8
Phone: 778-433-1020
Fax: 778-433-3020
www.tolco.ca

my **FLEX**plan

Please complete a separate form for each employee

Company: _____ Company ID: _____

New employee Change Termination Effective date: _____

Authorized Signature: _____ Date: _____

Employee: _____ Employee ID: _____

Address: _____ Class: _____

City: _____ Prov: _____ Postal: _____ Birthdate: **yyyy - mm - dd**

Phone: Office _____ Home _____ Mobile _____

Business Email: _____ Send to: Business

Personal Email: _____ Personal

Dependents		Birthdate		
First Name	Last Name	Year	Month	Day

Spouse

Dependent children may be natural, adopted or step-children. Must be unmarried and dependent on you for support. Under 21, or under 25 and attending post-secondary education, or dependent due to mental or physical infirmity.

Employee signature: _____ Date: _____

Direct deposit claim payments: Yes No Please attach a VOID cheque. only if one is not available, complete below

Bank Name: _____

Institution Number: _____ Transit Number: _____ Account Number: _____

Administrative services provided by:

Phone 778-433-1020
Fax 778-433-1020

TOLCO Financial Strategies
4400 Parkwood Terrace
Victoria, BC V8X 4Z8
www.tolco.ca



Health Spending Account

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Benefits: \$ _____ Frequency: Yearly Quarterly Monthly

Wellness or Other Benefit Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Benefits: \$ _____ Frequency: Yearly Quarterly Monthly

Insurance Policy Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Policy Number: _____ Policy Type: Critical Illness Life Disability

Wageloss Replacement Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Weekly Benefit: \$ _____

CafePlan



Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Eligible Income: \$ _____ Total Benefit Available: \$ _____

Resolution of the Board of Directors of

(hereinafter referred to as "The Company")

Whereas

The Company has agreed to institute a Private Health Services Plan (hereinafter referred to as "The Plan") for the employees of the Company. This plan shall conform to the requirements as outlined by Canada Revenue Agency Interpretation Bulletin IT-339R2 and any subsequent amendments.

Be It Resolved That

The following classes of employee shall be eligible for benefits under The Plan:

1. Senior Executive
2. Hourly Employee
3. Contract Employee

Be It Resolved That

The Plan shall be administered under the terms and conditions of a Health and Welfare Trust as defined by Canada Revenue Agency Interpretation Bulletin IT-085 and any subsequent amendments.

The Plan shall be administered by TOLCO Financial Strategies in accordance with their policies and procedures for myFLEXplan.

The benefits to be provided may be determined from time to time in accordance with the policies that may be established by management of the Company.

Dated this _____ day of _____, _____

Signing Officer

Signing Officer