

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