

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: _____
 Business Address: _____ Office Phone: _____
 _____ Office Fax: _____
 City: _____ Province: _____ Postal Code: _____
 Company eMail: _____ Proprietor: Incorporated:

Employee

Name: _____ Birth date: _____
 Home Address: _____ Home Phone: _____
 Same _____
 City: _____ Province: _____ Postal Code: _____
 Personal eMail: _____ Direct Deposit to Personal a/c (attach Bank info)

Dependent Name	Birthdate			Relationship
	Day	Month	Year	
				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.

Emergency Travel Medical and Catastrophic Loss Coverage

Single
 Couple
 Family
 Waived

MUST sign waiver on reverse

1 - Deposits: Frequency: Monthly Quarterly Yearly As Required
 Method: Cheque Pre-Authorized Debit to Company a/c (authorization required)

2 - Benefit year: Calendar year Company Year-End _____

3 - Carry-Forward Option: Carry forward unpaid claims Carry forward unused benefits

Benefit	Reimbursement	Maximum Claims per Year	Administration Fee
Health Spending Account	100 %	\$ unlimited	10 %
			Plan Number
Signature: _____			Date: _____

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

We authorize TOLCO Financial \$trategies (In 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 _____

Employee Authorized Direct Deposit

Please attach a VOID cheque (only if not available, complete below)

Bank Name: _____

Institution: _____ Transit: _____ Account: _____

We waive the Emergency Travel Medical / Catastrophic Loss coverage as my spouse has this coverage with their employer _____ under policy number _____

Signature: _____ Date: _____



Administrative services provided by:

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

my **FLEX**plan