

ACCOUNTABLE VALUE

FINANCIAL SERVICES

Private Health Services Plan (PHSP) Registration Form

Part A: Identification

Company Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____

Phone Number: () - _____

Email: _____

Fiscal Year End: _____ / _____ (Month / Day)

Part B: Terms and Conditions

1. In accordance with Subsection 248(1) of the Income Tax Act, Accountable Value Financial Services (hereafter known as AVFS) by this document establishes a "cost plus" PHSP with the Company named in Part A. AVFS indemnifies the Covered Employees of the Company for all Eligible Expenses under the Plan. The Company agrees to fund the Plan by payment to AVFS of agreed-upon "cost plus" fees.
2. The AVFS PHSP applies to all Eligible Expenses. For this agreement, Eligible Expenses are those defined in Subsection 118.2(2) of the Income Tax Act. A direct link to the legislation and associated interpretive documentation can be provided upon request.
3. The AVFS PHSP includes all Covered Employees as described by the Company in Appendix A - Eligible Claimant Information. The term Covered Employee includes the employee, the employee's spouse or any member of the employee's household with whom the employee is connected by blood relationship, marriage (including common-law) or legal adoption.
4. The Company will establish an Effective Date after which coverage will begin under the plan. This date is the first day of any 12 month period ending in the current fiscal year. Further, each Covered Employee will be eligible for coverage from an eligibility date established by the Company in Appendix A - Eligible Claimant Information.
Effective Date for this Plan _____
5. Each Covered Employee shall be offered benefits under the Plan in differing levels of sponsorship based on position or critical importance within the firm. The Company may not limit participation in the AVFS PHSP based solely on position as a shareholder. The AVFS PHSP cannot be offered to one employee of a class while excluding an employee of the same class. Sole Proprietorships are not eligible for Coverage above the stipulated CRA maximums. The Coverage for sole proprietorships is identified in Appendix C. The Company hereby establishes the following classes for use with Appendix A - Eligible Claimant Information:

Class A: \$ _____	Class C: \$ _____	Class E: \$ _____	Class G: \$ _____
Class B: \$ _____	Class D: \$ _____	Class F: \$ _____	Class H: \$ _____

ACCOUNTABLE VALUE

FINANCIAL SERVICES

6. AVFS will adjudicate each claim submitted to ensure the following:
 - a) The expenses are Eligible Expenses as per section 2
 - b) The claimant is a Covered Employee as per section 3
 - c) The claimed health services fall within the eligible dates as per section 4
 - d) The annual authorized claim limit for the claimant is not exceeded as per section 5
 - e) The claim has been properly completed, authorized and funded.
7. Upon completion of the claim adjudication, AVFS will issue a reimbursement payment for the total cost of the Eligible Expenses to the claimant.
8. AVFS will provide timely reporting, including an Annual Client Statement for tax purposes, as required and appropriate for the Company to reconcile all transactions in the accounts of the Company and the Covered Employees for the fiscal year.

Authorizing Signatures

PHSP Company Contact: _____ Date: _____

Signature: _____

AVFS Office Use

AVFS Contact: _____ Date: _____

Signature: _____