

PHSP REGISTRATION FORM - A



Part A: Contact Information (please print)

Business/Organization Name:			
Primary Contact Name:		Primary Contact Position:	
Business/Organization Address:			City:
Province:	Postal Code:	Phone Number:	Fax Number:
Email Address:			Business Number (CRA):

Part B: Business/Organization Information (please print)

Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit		Note: If you are sole proprietorship please refer to "Registration Form C: Sole Proprietor Eligibility and Benefits Structure" for more information on eligibility and requirements.
Number of Employees: <input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 20+ Employees (specify): _____		Fiscal Year End:
Are you and/or your employees covered by existing health coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes If, yes please specify:		
Business/Organization Industry: <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Energy <input type="checkbox"/> Entertainment <input type="checkbox"/> Financial Services <input type="checkbox"/> Food <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Media <input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-profit <input type="checkbox"/> Retail <input type="checkbox"/> Transport <input type="checkbox"/> Other (specify):		

Part C: Plan Information (please print)

Effective Start Date of PHSP:	Note: Each covered employee will be eligible for coverage from an eligibility start date established in "Registration Form B: Eligible Claimant Information."		
Employee Benefit Class(es): The company hereby establishes the below classes of benefit sponsorship for employees as further designated in "Registration Form – B: Eligible Claimant Information." If you require additional classes (more than four) please advise your AVFS representative. NOTE: If you are sole proprietor please see "Registration Form C: Sole Proprietor Eligibility and Benefits Structure"			
Class A: _____	Class B: _____	Class C: _____	Class D: _____

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Part D: Terms & 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 of this registration form. 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 "*Registration Form B: 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 "*Registration Form B: Eligible Claimant Information*" and/or in supplemental Eligible Claimant Registration (new hires etc.).
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 "*Registration Form C: Sole Proprietor Eligibility and Benefits Structure*." The Company has established the classes (above Part C) for use with "*Registration Form B: Eligible Claimant Information*" and/or in supplemental Eligible Claimant Registration (new hires etc.).
6. AVFS will adjudicate each claim submitted to ensure the following:
 - 6.1 the expenses are Eligible Expenses as per section 2 of these Terms and Conditions;
 - 6.2 the claimant is a Covered Employee as per section 3 of these Terms and Conditions;
 - 6.3 the claimed health services and corresponding expenses fall within the eligible dates as per section 4 of these Terms and Conditions;
 - 6.4 the annual authorized claim limit for the claimant is not exceeded as per section 5 of these Terms and Conditions; and,
 - 6.5 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.
9. The Company affirms that the information provided in this registration form and supplemental documents is accurate and true to the best of their knowledge. The company further acknowledges that any changes to the above information as set out in Parts A, B and C of this registration form will be provided to AVFS for the purpose of updating records and ensuring continual compliance.

AUTHORIZING SIGNATURES:

Client Customer Representative
Date

AVFS Representative
Date