



VITAL HEALTH SAVINGS PLAN APPLICATION

BUSINESS INFORMATION

Name	Any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Business has employees other than Owner, do NOT use this Application.</i>
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INDIVIDUALS TO BE COVERED

<input type="checkbox"/> Same as Above	Name (if different from above)	
Date of Birth / / dd mm yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Name of Spouse	Spouse's Date of Birth / / dd mm yyyy	No. of Additional Dependents Under 18 yrs 18 yrs & over

CONTACT INFORMATION (Fill in as appropriate for applicant)

BUSINESS			PERSONAL		
Address			Address		
City	Prov	Postal Code	City	Prov	Postal Code
Phone	Cell	Fax	Phone	Cell	Fax
E-Mail			E-Mail		

Preferred Communication: Mail Fax E-Mail Phone Cell

PLAN SETUP

Premiums may be used to cover expenses in any 12 month period ending in the Plan Year or unused premiums may be carried forward to a 12 month period ending in the following year, but not both. Annual Premiums will be due in 5 installments starting on January 1 of the Plan Year and thereafter at about 90 day intervals. At the discretion of VHSP, claim reimbursements may be set off against outstanding premium amounts. Personal information collected is for the purpose of setup and administration of your plan. Contact Vital for further privacy details.

ANNUAL PREMIUM	PROTECTION
<p>Choose one below – For Total Premium Contribution, premium will equal \$ Amount. If “Estimated Annual Expenses” is selected VHSP will determine Total Premium, subject to the maximum Family Limits* (see overleaf).</p> <p><input type="checkbox"/> Total Premium Contribution \$ Amount _____ OR</p> <p><input type="checkbox"/> Estimated Annual Expenses (see overleaf for worksheet)</p>	<p><input type="checkbox"/> AXA Excess Medical/Emergency Travel</p> <p><input type="checkbox"/> Other Health Policy (include application)</p> <p><input type="checkbox"/> Family Member has plan</p>

PAYMENT METHOD

<input type="checkbox"/> Cheque	<input type="checkbox"/> Pre-Authorized Debit	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Payable to Vital Health Savings Plan	Attach Void Cheque	Acc't No. _____ Expiry Date / / mm yy
Signature		Date / / dd mm yy
		Name of Cardholder (Please Print)

New Account No. (Corp. Use Only)	Agent ID (Corp. Use Only)
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Please ensure this application form is signed and dated.

Mail to: Vital Health Savings Plan
122 Laird Drive, Suite 207
Toronto, Ontario M4G 3V3

OR Fax to: Vital Health Savings Plan 416-498-8004

E-Mail: KKREMER@VITALBENEFITPLAN.COM

YES, enroll me in the AXA Excess Medical & Emergency Travel at the low, low premium below.

Provided exclusively by Vital Health Savings Plans, this policy provides excellent risk protection at tremendous value.

Single - \$7.27 per month

Couple - \$14.55 per month

Family - \$19.71 per month

You can pay premiums on a Semi-Annual or Annual Basis by cheque, credit card or pre-authorized debit.

Please choose your preferred payment option below:

COVERAGE		
Single <input type="checkbox"/> Semi-Annual \$ 43.65 <input type="checkbox"/> Annual \$ 87.30	Couple <input type="checkbox"/> Semi-Annual \$ 87.30 <input type="checkbox"/> Annual \$ 174.60	Family <input type="checkbox"/> Semi-Annual \$ 118.26 <input type="checkbox"/> Annual \$ 236.52
PAYMENT METHOD		
<input type="checkbox"/> Cheque <i>Payable to Vital Health Savings Plan</i>	<input type="checkbox"/> Pre-Authorized Debit <i>As per info. on page 1</i>	<input type="checkbox"/> Credit Card <i>As per info. on page 1</i>

Worksheet for Estimated Family Health Care Costs

<i>Expenses For:</i>	Member	Spouse	Child(ren)	Total – All Family
Drugs				
Dental				
Dental Major				
Vision				
Massage, Chiro, Accupuncture, etc.				
Other				
Totals				

* **Family Limits:** The maximum VHSP premium is \$1,500 per adult and \$750 per child under 18 who are related by blood or by marriage and are members of your household.