

**VITAL HEALTH SAVINGS PLAN****Employee Enrolment/Change Form**

Plan Sponsor:			ASO Acct No.		
<input type="checkbox"/> New employee <input type="checkbox"/> Change <input type="checkbox"/> Termination		Effective Date:			
Administrator's Signature:		Date		Agent ID (VHSP Use Only)	
EMPLOYEE INFORMATION					
Name		Date of Birth (dd/mm/yyyy)		Male or Female	
HOME ADDRESS					
Street		City		Prov	Postal Code
PHONE			EMAIL ADDRESS		
Office		Home			
PLAN COVERAGE					
Employee Class _____		Annual Salary _____		SUMMARY OF BENEFIT PLAN SPECIFICATIONS Please transfer summary information from overleaf. For Agent or Office Use Only	
<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family		No. of Dependants _____			
Dependants		Date of Birth dd/mm/yyyy		Health Care Coverage	
Last name	First name			HEALTH INSURANCE POLICY	<input type="checkbox"/> SSQ <input type="checkbox"/> Other
				TOTAL ESTIMATED OUT-OF-POCKET HEALTH COSTS	A
				Benefit Choices	
				TOTAL COST OF SELECTED BENEFITS	B
				EST. EXCESS/(SHORTFALL)	C
				Flex-Credit Allocation	
				Benefits	D
				Additional Cash Salary	E
				TOTAL FLEX-CREDITS	F
REIMBURSEMENT					
<i>Claims may be reimbursed by cheque payable to the Employee at the address above or by deposit directly to the Employee's bank account specified below. Please attach a copy of a void cheque.</i>					
Name of Bank or Institution		FI Code	Branch Transit #	Account Number	
		_____	_____		
Employee Signature		Date		PHSP Acct No	
VHSP Use Only	Date Rec'd and Logged	Recorded <input type="checkbox"/> ASO Rec. _____ <input type="checkbox"/> PHSP C/F _____ <input type="checkbox"/> QB _____ <input type="checkbox"/> Ins _____			Checked: (Initials & Date)

Please ensure this form is signed and dated.

Mail to: Vital Health Savings Plan
112 – 42 Industrial St
Toronto ON M4G 1Y9

OR

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

Telephone: 416-696-1864

Website: www.vitalbenefitplan.com

Email: kkremer@vitalbenefitplan.com

Health Care Coverage

Excess Medical & Emergency Travel insurance				EMPLOYEE ANNUAL COST
<input type="checkbox"/> SSQ	SPECIFY: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	PAID BY: <input type="checkbox"/> Employer <input type="checkbox"/> HCSA		
<input type="checkbox"/> Covered under another Policy:	<input type="checkbox"/> Spouse's Group Plan	<input type="checkbox"/> Other _____		
Needs Analysis for Family Health Care		Please fill in net out-of-pocket health cost estimates, i.e. after reimbursement from insurance claims		
Expenses For:	Member	Spouse	Child(ren)	Total – All Family
Drugs				
Dental				
Dental Major – Crown, Bridges, Orthodontist.				
Vision				
Massage, Chiro, Accupuncture				
Other				
TOTAL EST. OUT-OF-POCKET HEALTH COSTS				A \$

Benefit Choices

	Coverage Amount	Monthly Cost	Annual Cost
Vital Health Care Spending Account <ul style="list-style-type: none"> Covers all medical/ dental costs recognized by Canada Revenue Agency 100% re-imbursment of all claims up to account limit Plan member selects desired amount of coverage. 			
Disability Insurance <ul style="list-style-type: none"> Monthly income for employee who is disabled and cannot work Available in multiples of \$100 /mo. on pre-tax or after-tax basis 			
Long Term Care Insurance <ul style="list-style-type: none"> Provides a monthly indemnity for facility care or home care if insured is physically dependent or cognitively impaired. Level of benefit selected from \$500 to \$10,000 /mo. (multiples of \$100) 			
Life Insurance <ul style="list-style-type: none"> Inexpensive term insurance to cover employee and family members 			
TOTAL COST OF SELECTED BENEFITS			B
Subtract: Employer Benefit \$\$ Contribution			
ESTIMATED EXCESS/(SHORTFALL)	Flex-Credits can be used to meet any shortfall		C \$

Flex- Credit Allocation

	Allocated To	Annual \$\$ Allocated
FLEX CREDITS PROVIDED? <input type="checkbox"/> Y <input type="checkbox"/> N AMOUNT:\$ _____	Benefits	D
Total Flex-Credits Allocated should equal Total Flex-Credit Amount provided. Any unallocated balance will be directed to Additional Cash Salary.	Additional Cash Salary	E
	TOTAL FLEX-CREDITS ALLOCATED	F