



VITAL HEALTH SAVINGS PLAN APPLICATION

BUSINESS INFORMATION

Name		Any employees other than owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit employee data sheet</i>
<input type="checkbox"/> Self-employed Professional	<input type="checkbox"/> Sole Proprietor/Contractor	<input type="checkbox"/> Partner <input type="checkbox"/> Corporation
		Corp Fiscal Year-end: mm / dd

INDIVIDUALS TO BE COVERED

<input type="checkbox"/> Same as Above	Name (if different from above):	Date of Birth: dd / mm / yy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> No Spouse	No. of Dependants incl. Spouse ____
Names of Dependants (incl. spouse)		DoB (dd/mm/yyyy)	Names of Additional Dependants		DoB (dd/mm/yyyy)

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: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone <input type="checkbox"/> Cell					

PLAN ADMINISTRATION

All plans will have an annual maximum coverage to be applied to any health cost recognized by Canada Revenue Agency. Expenses may be incurred 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. For self-employed plans, the annual premium 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. Corporate plans will be billed on an ASO basis upon receipt of validated claims. Premiums include applicable annual administration fees, 2% Ontario insurance premium tax, 13% HST if applicable, SSQ Premium if applicable, and one-time set-up fee, if applicable.

Personal information collected is for the purpose of setup and administration of your plan. Contact Vital Health for further privacy details.

PROTECTION – All Plans include SSQ Catastrophic Medical/Emergency Med Travel (some exceptions may apply)

SSQ Catastrophic Medical & Emergency Medical Travel Premium from overleaf : \$ _____

PREMIUM

Set-Up Fee	Annual Premium is based on lower of Annual Family Expenses and HSA/ Family Limit unless specified otherwise. See overleaf to calculate Estimated Annual Expenses and Family Limit.
<input type="checkbox"/> \$75.00	Estimated Annual Expenses A _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Maximum HSA Limit (set by Corporation) _____
	<input type="checkbox"/> Family Limit (for Self-Employed) B _____

PAYMENT METHOD

<input type="checkbox"/> Cheque	<i>Include cheque for SSQ coverage payable to Vital Health Savings Plan with application.</i>	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
<input type="checkbox"/> Pre-Authorized Debit	<i>Attach Void Cheque</i>	Acc't No.: _____ / _____ / _____ / _____ Expiry mm yy Date ____ / ____
		* Surcharge of 2.9% will be applied to all credit card transactions

Signature	Date dd / mm / yyyy	Name of Cardholder (Please Print)
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New Account No. (VHSP Use Only)	Agent Name	Agent ID (VHSP Use Only)
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Please ensure this application form is signed and dated.

Mail to: Vital Health Savings Plan # 112 – 42 Industrial St, Tor. Ont M4G 1Y9 **OR** **Fax to:** 416-498-8004 **E:Mail** INFO@VITALHEALTHPLAN.COM

Health Care Coverage

PROTECTION					
SSQ Catastrophic Medical & Emergency Travel Insurance			See SSQ Summary Sheet for description of coverage and benefits		
An exclusive group policy provided by Vital Health Savings Plan; provides excellent risk protection at tremendous value. Cost: Single - \$12.13 per month Couple - \$24.27 per month Family - \$32.76 per month					
<input type="checkbox"/> Semi-Annual \$ 72.82 <input type="checkbox"/> Annual \$ 145.64		<input type="checkbox"/> Semi-Annual \$ 145.64 <input type="checkbox"/> Annual \$ 291.29		<input type="checkbox"/> Semi-Annual \$ 196.55 <input type="checkbox"/> Annual \$ 393.10	
<input type="checkbox"/> NO, have other coverage - SPECIFY: _____				<input type="checkbox"/> Spouse's Group Plan	
The inclusion of the SSQ Catastrophic Medical Policy ensures your plan qualifies as a PHSP, as defined by Canada Revenue Agency.					
SSQ coverage is not guaranteed until acceptance of this application by Vital Health Savings Plan. SSQ premiums are subject to change on August 1 of each year. On 30 days' notice, VHSP may bill plan sponsors to cover premium increases. Plan sponsors may decline coverage at increased rates and VHSP will refund premiums paid for coverage beyond date of cancellation.					
HEALTH SPENDING ACCOUNT			Please fill in net out-of-pocket health cost estimates, i.e. after reimbursement from insurance claims		
Estimated Family Health Care Expenses					
Expenses For:	Member	Spouse	Child(ren)	Other Family ⁽¹⁾	Total All Family
Drugs					
Dental					
Dental Major – Crown, Bridges, Orthodontist...					
Vision					
Massage, Chiro, Accupuncture etc...					
Other					
TOTAL EST. OUT-OF-POCKET HEALTH COSTS					A \$
Note (1): If you provide support to other family members, their health costs may be eligible for your Health Plan, including, in some cases, attendant care and nursing home fees. Ask for more details if this applies to you.					
FAMILY LIMIT CALCULATION			Only for Self-Employed, i.e. unincorporated professionals, sole proprietors, contractors and partners. Other restrictions may also apply.		
The maximum annual PHSP business deduction for a self-employed person is limited to the following, based on your household members:					
Member	Spouse	Children < 18 yrs	Children 18+ yrs	Other Family	TOTAL
No: <u> 1 </u> X \$1,500	No: _____ X \$1,500	No: _____ X \$750	No: _____ X \$1,500	No: _____ X \$1,500	Sum of all categories
= <u>\$ 1,500.</u>	= \$ _____.	= \$ _____.	= \$ _____.	= \$ _____.	B \$

Other Benefit Choices

		Coverage Amount	Monthly Cost	Annual Cost
Disability Insurance ⁽¹⁾	<ul style="list-style-type: none"> Available in multiples of \$100 /mo. on pre-tax or after-tax basis Monthly income for employee who is disabled and cannot work 			
Critical Illness Insurance	<ul style="list-style-type: none"> Coverage amounts from \$10,000 to \$250,000 Provides lump-sum of cash if stricken with a covered illness Listed illnesses include cancer, heart attack, stroke & many others 			
Long Term Care Insurance ⁽²⁾	<ul style="list-style-type: none"> Choose benefit level from \$500 to \$10,000 /mo. (multiples of \$100) Provides a monthly indemnity for facility care or home care if insured is physically dependent or cognitively impaired. 			
Life Insurance	Inexpensive term insurance to cover employee and family members			
Retirement Savings ⁽³⁾	<ul style="list-style-type: none"> Complete range of RRSP and TFSA investments Various guarantees of principal amounts and future income payments. 			
1. Eligible for tax savings in a Corporate Benefit Plan. 2. Eligible for tax savings in PHSP and Corporate Benefit Plans. 3. Personal tax savings through RRSP deduction or TFSA.	TOTAL			

NOTES: