Click the ? for more information on how to fill out the application

Employer Application

HUB | FlexSave™

CLIENT ACCOUNT INFORMATION

Company Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

? Key Contact: _____ Email: _____

PLAN INFORMATION

? Benefit Year: _____ (DD/MM - DD/MM) ? Start Date: _____ (DD/MM/YYYY)

Unused Benefit to be: ? ☐ Forfeited ? ☐ Carry Forward Maximum ? ☐ Carry Forward Receipts

Include Stop Loss (In Province Catastrophic and Travel Medical?) ☐ Yes ☐ No

How will account be funded? (select one) ☐ Pay as you go ☐ Pre-funded

PLAN DESIGN

Employee Classification	Insurance	Maximum Fixed Annual Benefit Amount		
? Class Level (ex: owner, admin)	Add Catastrophic and Travel?	? Health/Dental	? Taxable Lifestyle Benefit	? % Co-Pay*
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

* Co-Pay percentage will default to 100% employer paid if not otherwise specified

$250.00 Non-refundable setup fee payment: ☐ One time PAD ☐ Credit Card

Authorized Person: _____ Authorized Signature: X _____

Advisor Name: _____ Advisor Signature: X _____

Advisor Email: _____ *Advisor will be included in email confirmation of plan registration.*

HUB

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