

Wellness Plan Application



For use with existing FlexSave™ Plans Only

CLIENT INFORMATION

Legal Company Name: _____
(Please indicate DBA or Op. Co. Names)

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Effective: _____
DD/MMM/YYYY

WELLNESS PLAN INFORMATION

| Employee Classification | | Maximum Fixed Annual Benefit Amount | | |
|-------------------------|--|-------------------------------------|----------|-----------|
| Class Code | Class Level (ex: owner, executive, admin, laborer) | Health/Dental | Wellness | % Co-Pay* |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |

*A Wellness plan will share the same structure as your current base plan including benefit period, unused benefit option and co-pay.

\$100.00 non-refundable set-up fee will be charged against your FlexSave™ account.

SIGNATURE

Date: _____
DD/MMM/YYYY

Authorized Person: _____

Authorized Signature:  _____

