



FlexSave™ Application

An efficient alternative for business owners – Flexible Benefits, Increased Tax Savings

Client Account Information

Legal Business Name (please indicate DBA or Op Co. names):

Address:

City: Province: Postal Code:

Key Contact / Administrator Name:

Phone Number: Fax Number: Email Address:

Plan Information

Plan Effective Date: DD/MMM/YYYY (earliest date for which expenses will be reimbursed)

Plan Benefit Year: (Will be CALENDAR YEAR unless specified otherwise.) Specified Benefit Year: From _____ to _____.

Deposit Frequency: Monthly Yearly As Required

Deposit Method: Pre-Authorized Debit Cheque

Plan Design

Employee Classification		Fixed Annual Benefit Level	
Class	Description	Maximum Claims / Year (\$)	% Co-Pay *
			0%
			0%
			0%
			0%
			0%

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

Unused Benefit To Be: Forfeited Carry Forward Maximum Carry Forward Receipts
(Only ONE can be selected)

Signatures

Applicant Signature:

Applicant Name (if other than Main Contact listed under Client Information Section):

Broker Information

Broker Name: Email Address:

Delivery Options: Please send me confirmation email when trust documents are sent to my client.
 Please send all trust documents to me to deliver to the client.

Broker Signature: HUB Office: British Columbia Prairies Ontario

\$250.00 Non-Refundable Set Up Fee Enclosed