

Flexsave Trust Application - Self Employed / Unincorporated Applicants

A Business Owners Dream

Client Account Information

Applicants Name:		
Address:		
City	Province	Postal Code
Key Contact Name		
Phone Number	Fax Number	Email Address

Plan Information

Plan Effective Date:(month)		
Deposit Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> As Required		
Deposit Method: <input type="checkbox"/> Pre-Authorized Debit <input type="checkbox"/> Cheque		

Plan Design

Number of Adults (those over 18) to be covered:		X \$1,500	=	a
Number of Dependent children (under 18) to be covered:		X \$750	=	b
Number of Dependent children (age 18-25 and attending post-secondary school on a full time basis) to be covered:		X \$1,500	=	c
Total (a+b+c) : this is a maximum tax deduction amount				= d

Catastrophic Stop Loss / Travel Medical (mandatory)

<input checked="" type="checkbox"/>	Plan Type	Annual Premium	Monthly Premium
	Single	\$91.44	\$8.00
	Couple	\$174.84	\$15.38
	Family	\$223.40	\$19.68
Effective Date of Coverage (all coverage begins on the 1 st of the month selected)			MMM /YYYY

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Catastrophic Stop Loss / Travel Medical - Dependent Coverage			
Dependent Name	Gender	Date of Birth	Relationship
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	

Catastrophic Stop Loss / Travel Medical - Premium Payment	
<input checked="" type="checkbox"/>	Payment Mode:
	Payment Details
	Annual
	Cheque attached in the amount of \$
	Monthly (PAC Form and VOID Cheques must be submitted)
	Initial premium attached in the amount of \$

Catastrophic Stop Loss /Travel Medical can be applied for by all employees using a separate “Catastrophic Stop Loss / Travel Medical Employee Enrollment Form”.

Signatures	
Applicant Signature	
Broker Information	
Broker Name	Email Address
Delivery Options:	<input type="checkbox"/> Please send me confirmation email when trust documents are sent to my client. <input type="checkbox"/> Please send all trust documents to me to deliver to the client.
Broker Signature:	Hub Office: <input type="checkbox"/> B.C. <input type="checkbox"/> Prairies <input type="checkbox"/> Ontario

