



HealthPlus Corporation

Application for enrolment

PO Box 219
Uxbridge, Ontario
L9P 1M7
Tel: 905 852 2090 Fax: 905 852 0462
Email Mailroom@pluscorp.com
Web Site WWW.Pluscorp.com

between

[insert the complete and formal Legal Name of the Employer](#)
in the capacity of Sponsors, hereinafter referred to as the Employer

and the

HealthPlus Corporation
in the capacity of Trustees, hereinafter referred to as HealthPlus

The HealthPlus Program is provided according to the following conditions:

Administration Fees

The Employer hereby agrees to provide **HealthPlus** with an Initial Program Fee and funds sufficient to fully indemnify eligible Expenses incurred by the eligible Employees, or their eligible Dependents, and the applicable Processing Fees as a percent of Claims submitted, and GST on the processing and program fees

The Employer guarantees to indemnify **HealthPlus** for any time and expenses incurred in collection of funds, which are in default by the Employer.

Fees	Initial Program Fee	\$100.00	at Issue
	Claims Processing Fee	10.00%	of Claims Processed
Taxes	HST	13%	on Initial Program fee and Claims Processing fee

Claims Indemnification

HealthPlus hereby agrees to provide funds sufficient to discharge the actual eligible Expenses incurred by the enrolled Employees, and their eligible Dependents, by payment of such applicable funds directly to the Health Care Provider, or reimbursement to the enrolled Employee, if such eligible Expenses have already been paid by the Employee, and an original of Receipt of Payment is provided to HealthPlus as evidence of prior payment.

Enrollment Requirement

Enrollment of Employees shall be at the sole discretion of the Employer, and the enrolled Employees and their dependents shall be eligible for indemnification of all legitimate health expenses, until due Notice is given by the Employer to HealthPlus that the enrollment of the specific employee is terminated.

Indemnification Levels

Indemnification shall be made on behalf of enrolled Employees and their eligible Dependents, allowable under Federal and Provincial Legislation, and not in duplication of other benefits. Indemnification shall be made on Claims Authorized by the Employer, who may enhance or limit Claims by Annual Deductibles, Reimbursement Percentages or Annual Maximums.

Agreement Effective

The Agreement is Effective on the first day of the month following the Employers date of Signature and the **HealthPlus** date of Signature, and each subsequent anniversary renewal.

Agreement amendments

The Agreement may be amended by **HealthPlus** upon thirty days of Notice to the Employer, and such Notice may be delivered or transmitted by Letter, E-mail or by telephone Facsimile.

Agreement Termination

The Agreement may be terminated by the **Employer** or by **HealthPlus** upon thirty days written Notice, subject to completion of any and all transactions started prior to Termination.

Legislative Requirements

It is the **obligation of the Employer** to ensure that claims for eligible Employees and their eligible Dependents and applicable processing Fees and GST are submitted to the HealthPlus Corporation, and that Enrollment of Employees and Claims submitted conform to requirements of the **Income Tax Act** and any **additional Legislation**.

for the **Employer**

signature of the business or corporate **Signing Officer**

signed on **Month, Day, Year**

Referral fee rebate

Please indicate if you were referred to this program. **HealthPlus** will rebate 50% of their initial program fee (Max of 100%) to the enrolled member who referred you.

Name & Address of individual or Company who referred you

Please complete information on next page

Employer Information

Business Name _____

Administrator/Contact _____

Business Address _____

City and Province _____

Postal Code _____

Telephone Number _____ Facsimile Number _____

E-mail Address _____

Accountant Information

Name _____

Business Address _____

City and Province _____

Postal Code _____

Telephone Number _____ Facsimile Number _____

E-mail Address _____

Completion Instructions

Retain a copy of the Application form for your records.

Submit a signed copy of the form to:

Healthplus Corporation

PO Box 219

Uxbridge, Ontario

L9P 1M7

**Include a business cheque payable to HealthPlus Corporation for \$105.00
(Initial program fee of \$100.00, plus \$13.00 HST)**

You will receive a receipt for income tax purposes