

Canadian HealthCare Administrators Inc.



Private Health Services Plan *for Corporations and Professionals*

Canadian HealthCare Administrators Inc.
1254, 7620 Elbow Drive S.W.
Calgary, Alberta T2V 1K2

Toll Free: 1-885-658-0736
Phone: (403) 862-2234
www.healthcareadmin.ca



Company Profile

Agent Name: _____ No: _____

Employer Master File - Client Account Information - Incorporated Business

Company Name: _____		Corp Year End: _____	
Address:		Mailing Address: (if different)	
Street: _____		Street: _____	
City: _____ Province: _____ PC: _____		City: _____ Province: _____ PC: _____	
Phone: () _____		Contact Person: _____	
Fax: () _____		Effective Date of Plan: _____	
Email: _____		Business Type: Incorporated <input type="checkbox"/> Prof. Corp. <input type="checkbox"/>	

How do you wish to fund the Employee Health Care Plan: (Check One)

Yearly payments at the beginning of the year: <input type="checkbox"/>	Payments are included with submission of claims: <input type="checkbox"/>
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At the end of the plan year, any unused funds remaining in the plan are: (Check One)

Rolled over for a maximum of one year: <input type="checkbox"/>	Forfeited and returned to the Employer: <input type="checkbox"/>
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Indicate the Eligible Expenditures you wish your plan to cover:

All Eligible Medical Expenditures as defined by the Income Tax Act should be included in the plan: <input type="checkbox"/>	
Only Dentistry and Dental Services should be included: <input type="checkbox"/>	Only Dentistry, Dental Services and Vision Care included: <input type="checkbox"/>

Employee Eligibility Profile

When are Employees eligible to participate in this Plan?

Immediately Upon Hiring: <input type="checkbox"/>
1st day of the ____ month following Hire Date: <input type="checkbox"/>
Other (number of days following Hire Date for Eligibility): <input type="checkbox"/>

When Does the Employee Terminate from this Plan?

Immediately upon termination of Employment: <input type="checkbox"/>
Last day of the month of termination: <input type="checkbox"/>
Other: (Specify) <input type="checkbox"/>

Specify the annual maximum benefit level you wish to have for each classification of employee. If you want a different level for employees without dependents, please indicated the amount in the appropriate column, otherwise the benefit level will apply to all employees in each classification whether they have dependents or not.

Employee	w/ dependents	w/o dependents
1. Executives		
2. Sr. Management		
3. Full Time		
4. Part Time		
5. Commission		
6. Hourly		

Are Employees Allowed to Opt Out of the Plan?

Yes No



Administrative Services Agreement

Administrative Service Agreement Between Canadian HealthCare Administrators Inc. 1254, 7620 Elbow Drive S.W. Calgary, Alberta T2V 1K2 (Hereinafter "CHCA") and

[Empty rectangular box for Employer name]

(Hereinafter "the Employer")

WHEREAS:

- A) The Employer plans to establish a Private Health Services Plan for its employees and their dependents (hereinafter called "the Employee Health Care Plan"); and
B) CHCA is engaged in the business of providing financial, administrative and trustee services:

NOW THEREFORE

CHCA and the Employer hereby agree as follows:

Responsibilities of CHCA:

CHCA shall provide the following services to the Employer:

- 1. CHCA will provide consultation to the Employer with regard to the requirements to establish an Employee Health Care Plan for its employees.
2. CHCA will assist the Employer with implementing the Employee Health Care Plan.
3. CHCA will act as administrator of the Employee Health Care Plan on an ongoing basis.
4. Administration of the Employee Health Care Plan will include but not be limited to the following:
a. Establishing Accounts for eligible employees.
b. Confirming that claims meet eligibility requirements.
c. Monitoring claim pools to ensure account maximums are not exceeded.
d. Establishing client-reporting procedures.
e. Processing elections on year-end account balances.
f. Processing and distributing claims from accounts.
g. Arbitrating contestable claims between Employee and Employer.
5. CHCA will hold all monies received from the Employer in trust.
6. CHCA will be entitled to all interest earned on trust funds.

Responsibility of the Employer:

- 1. The Employer will ensure that the plan remains funded, as outlined in the attached fee Schedule, in a manner necessary to meet its obligations to its employees and CHCA. In the event that the Employer fails to fund the plan as required, CHCA is under no obligation to, and will not pay out claims submitted by the employees.
2. The Employer shall provide CHCA with a current record of all eligible employees and dependents covered under the plan.
3. The Employer shall notify CHCA immediately about changes affecting the eligibility of any employees and/or dependents in a manner that is satisfactory to CHCA.

Other Terms:

- 1. CHCA agrees to administer and manage the Employee Health Care Plan, which is attached. The Employee Health Care Plan shall remain on file with CHCA and forms part of this agreement.
2. The Employer authorizes CHCA to apply payments from the Employer's account in settlement of eligible benefits payable to employees under the Employer Health Care Plan and settlement of administration fees due to CHCA, and make adjustments to accounts to comply with the Fee Schedule of this Agreement.

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Administrative Services Agreement

- 3. CHCA shall not be liable in the event that it has paid a benefit for which an employee was not eligible because the Employer failed to supply CHCA with timely or accurate information in the manner satisfactory to CHCA.
4. Funds held by CHCA in the Employer's account bear no interest component to the Employer.
5. This agreement can be terminated immediately by either party upon written notice to the offices of the other party. Termination of this agreement constitutes termination of the Employer Health Care Plan. In the event this agreement is terminated, CHCA shall have no obligation under the Employer's Health Care Plan beyond paying claims incurred prior to and including the date of termination. The Employer shall be required to fund its obligations under this agreement, including fees and applicable taxes due to CHCA, up to and including the date of termination.
6. In the event that the Employer's Health Care Plan has had no activity for a period of 30 consecutive months, CHCA reserves the right to terminate this agreement by written notice mailed to the Employer's address.
7. This agreement, together with the Employee Health Care Plan and Employer Master File, copies of which are attached and made a part hereof, constitutes the entire agreement. No agent or other persons has authority to waive any conditions or restriction of this agreement; to make or modify the agreement; or to bind CHCA by making any promise or representation or by giving or receiving any information.
8. Time is of the essence of this agreement.

TOGETHER WITH THE ENCLOSED PAYMENT OF \$262.50 PURSUANT TO THE SET UP FEE OUTLINED IN THE FEE SCHEDULE OF THIS AGREEMENT, AND IN WITNESS WHEREOF.

The terms of this agreement are hereby accepted by the parties hereto this ___ day of ___, 20___, at ___

Acknowledgement Canadian HealthCare Administrators Inc. By: _____

And Acceptance The Employer By: _____

FEES TO THE EMPLOYER:

- 1. Set up Fee - One time only:.....\$250.00
GST (#885428714RT0001) of 5%:.....\$12.50
Total Due:.....\$262.50

- 2. Administration Fees (payable at the time a claim is made)
Calculated as 10% of benefits paid out under the Employer Health Care Plan + GST

Send this application, along with a cheque for the fee of \$262.50 to:

Canadian HealthCare Administrators Inc.
1254, 7620 Elbow Drive S.W. Calgary, Alberta T2V 1K2