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## Appendix B: Section 1 - Group Plan Configuration

This form constitutes an amendment for Group PHSP Plans as Appendix B to the PHSP agreement. Use this form to select funding options and establish initial configuration for your Group PHSP.

PHSP Planholder Name: \_\_\_\_\_

### General Configuration Selections

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1. Select the Benefit Year Anniversary Date for the Plan \_\_\_\_\_

This will be the date when Covered Employees accrue to their "new" annual allotment. The common selection is either January 1 or the start of your fiscal year. However, any date in the year may be selected. This choice does not affect delivery of your tax documentation.

2. Employee Start-Up Year Coverage Allotment

Pro-rated  Full Amount  Specified Amount  (attach listing)

The Planholder chooses the Coverage Allotment for the startup year. The three choices are:

- a. A pro-rated amount for each employee based on the number of days from their eligibility date to the selected Plan Benefit Year Anniversary Date. Brock Health will calculate these amounts from the Enrolment Form and Appendix A.
- b. Provide each employee with a full allotment for their respective class to use in their startup year as though it were a full benefit year. Brock Health will enter these amounts from the Enrolment Form and Appendix A.
- c. Specify a fixed amount for each employee. This is often used if transferring your PHSP from another provider where employees may have already made partial claims towards their allotments for this year. Attach a list for this option.

3. Timing of Employee Eligibility for a Maximum Claim

Full Allotment on Anniversary  Allotted Monthly

The Planholder chooses when employees will have access to their full Coverage Allotment. The two choices are:

- a. The full allotment can be made available on the first day of each new benefit year.
- b. One twelfth of the annual amount is accrued to the available balance of each employee account on the 1st of each month. Balance will be used in adjudication rather than annual limit. Additionally, as a the plan is a "Use it or Lose It" function, employees need to manage their large submissions into the last month of the benefit year. This selection should only be applied if expected staff turnover is an issue.

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## Appendix B: Section 2 - Group Plan Funding

This form constitutes an amendment for Group PHSP Plans as Appendix B to the PHSP agreement. Use this form to select funding options and establish initial configuration for your Group PHSP.

PHSP Planholder Name: \_\_\_\_\_

### Funding Options (Select One)

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**1. Pay As You Go Option**

This is the most popular funding option for small Group Plans. Payment is made only when your employees make a claim. It is identical to the Pay-As-You-Go plans offered to sole proprietors and self employed businesses. You receive Annual Statements (not Monthly). Your administrative staff are required to collate claims from employees and issue payment cheques with each claim submission. One cheque can be drawn to cover multiple claims in a submission.

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**2. Annual Advance Payment Option**

This choice reduces the communication and administration in dealing with Brock Health about your benefit plan. You pre-pay your full annual plan cost on account with Brock Health. You may choose Monthly or Annual Statements for reporting. You receive a reconciliation of your plan activity with your tax receipt at the end of each year. Any funds still held on account will be rolled forward and credited to the subsequent year's invoice. Your employees submit claims directly to Brock Health for reimbursement relieving any workload on your administrative staff. Privacy concerns of employees submitting claims to their employer are eliminated.

Annual Amount: \_\_\_\_\_ Statements: Monthly  Annual

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**3. Prepaid Threshold Payment Option**

This option combines minimum commitment of Pay-As-You-Go with advantages of privacy & monthly statements. You open the plan with an Initial Deposit on account with Brock Health. The amount is planholder defined. Your employees draw down that balance until reaching a Threshold Trigger Amount, determined in advance. Should that trigger be reached, Brock Health will include an invoice with your monthly statement. The Refill Invoice Amount is also predefined. Any negative balances are added to the monthly invoice. The account is refilled and the cycle repeats. Your Employees submit claims directly to Brock Health relieving administrative workload on your staff. Privacy concerns of employees are eliminated.

Initial Deposit Amount: \_\_\_\_\_

Threshold Trigger Amount: \_\_\_\_\_

Refill Invoice Amount: \_\_\_\_\_

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## Funding Options (continued)

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### 4. Direct Invoice Option

This option combines the best features of all the above plans:

- No deposits are held on account with Brock Health
- Employees submit claims directly to Brock Health relieving your administrative workload
- Privacy concerns of employees are eliminated
- Reimbursements are issued immediately to employees when claims are adjudicated
- You are invoiced only when employees make claims
- You receive Annual Statements (not Monthly)

As credit is being extended, this option is only available to existing customers who have and continue to maintain good payment history with us. For practical purposes and reducing the amount of invoicing correspondence, it is limited to Group Plans of less than 10 employees. New customers or planholders with 10 employees or more should select one of the prepaid choices; Option 2 - Annual Advance Payment or Option 3 - Prepaid Threshold Payment.

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