
Private Health Services Plan (PHSP) Enrolment Form

Part A: Identification

Planholder Legal Name: _____
Can be corporate name, partnership or sole proprietorship

Is Planholder Incorporated: Yes: No:

Contact Person: _____

Mailing Address: _____

Contact Phone Number: _____ Fiscal Year End: _____

Contact Email Address: _____

Part B: Terms & Conditions

1. In accordance with Subsection 248(1) of the Income Tax Act, Brock Health Administration Ltd. (hereafter known as Brock Health) by this document establishes a "cost plus" Private Health Services Plan with the Planholder named in Part A. Brock Health indemnifies the Covered Employees of the Planholder for all Eligible Expenses for the agreed upon cost plus fee to be paid by the Planholder immediately upon remittance of claim by the Covered Employee.
2. The Brock Health PHSP applies to all Eligible Expenses. For this agreement Eligible Expenses are those defined in Subsection 118.2(2) of the Income Tax Act. These are outlined in Canada Revenue Agency Interpretation Bulletin IT-519R2. A link to this Bulletin is available on the Brock Health website (www.BrockHealth.ca).
3. The Brock Health PHSP covers all employees as defined by the Planholder in Appendix A. The term Covered Employee includes the employee, the employee's spouse or any member of the employee's household with whom the employee is connected by blood relationship, marriage or adoption. There is no limitation by age. The Covered Employee will be eligible for coverage from the effective dates established in Appendix A.
4. The Planholder will establish an effective date after which coverage is provided by the plan. This date can be for any 12 month period ending in the current fiscal year (meaning no further than the start of the last fiscal year):

Effective Date for this Plan _____

5. The Planholder may choose to offer this benefit plan to Covered Employees in differing levels of sponsorship based on the position or critical importance of the employee within the firm. The Planholder *may not* limit participation in the Brock Health PHSP based solely on position as a shareholder. The Brock Health PHSP cannot be offered to one employee of a class while excluding an employee of the same class. For this plan the Planholder has established the following classes of sponsorship. The members of these classes are established in Appendix A

- Class A Unlimited Coverage
- Class B Coverage Limit of \$_____/fiscal year
- Class C Coverage Limit of \$_____/fiscal year
- Class D Coverage Limit of \$_____/fiscal year
- Class E Coverage Limit of \$_____/fiscal year

6. Brock Health will adjudicate each claim submitted to ensure the following:

- a) The expenses are Eligible Expenses as per section 2
- b) The claimant is a Covered Employee as per section 3
- c) The maximum coverage limits and dates as authorized by the Planholder have not been exceeded
- d) The claim form has been properly completed, authorized and the corresponding payment has been received.

7. Upon completion of the claim adjudication, Brock Health will issue a cheque in re-imbusement for the total cost of the eligible expenses to the claimant.

8. Brock Health will issue an Annual Client Statement to the Planholder to reconcile all claims for the fiscal year.

9. The agreed-upon Enrolment Fee is to be paid with this application. _____

PHSP Planholder:

Authorizing Signature: _____ Date: _____

Brock Health Administration Ltd.:

Authorizing Signature: _____ Date: _____