Private Health Services Plan (PHSP) Registration Form

Part A: Identification

Company or Business Name: _____

Can be corporate name, partnership or sole proprietorship

Is the Business Incorporated?   Yes: ☐   No: ☐   If No, please complete Appendix C

Mailing Address: _____

_____

_____

Contact Person Name:_____

Contact Phone Number: _____ Fiscal Year End: _____

Month and Day

Contact Email Address: _____

Alternate Contact Person: _____

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" PHSP with the Planholder named in Part A. Brock Health indemnifies the Covered Employees of the Planholder for all Eligible Expenses under the Plan. The Planholder agrees to fund the Plan by payment to Brock Health of agreed-upon "cost plus" fees.

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. A direct link to the legislation and associated interpretive documentation is available on the Brock Health website (www.BrockHealth.ca).

3. The Brock Health PHSP includes all Covered Employees as described by the Planholder in Appendix A - Eligible Claimant Information. 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 legal adoption.

4. The Planholder will establish an Effective Date after which coverage will begin under the plan. This date is the first day of any 12 month period ending in the current fiscal year. Further, each Covered Employee will be eligible for coverage from an eligibility date established by the Planholder in Appendix A - Eligible Claimant Information.

    Effective Date for this Plan _____

5. Each Covered Employee shall be offered benefits under the Plan in differing levels of sponsorship based on position or critical importance 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. Sole Proprietorships are not eligible for Class A – Unlimited Coverage. The Coverage for sole proprietorships is identified in Appendix C. The Planholder hereby establishes the following classes for use with Appendix A - Eligible Claimant Information:

Class A   Unlimited Coverage (for corporations only)

Class B   Limit of $_____/fiscal year for each Covered Employee in this class

Class C   Limit of $_____/fiscal year for each Covered Employee in this class

Class D   Limit of $_____/fiscal year for each Covered Employee in this class

Class E   Limit of $_____/fiscal year for each Covered Employee in this class

Class F   Limit of $_____/fiscal year for each Covered Employee in this class

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 claimed health services fall within the eligible dates as per section 4

   d) The annual authorized claim limit for the claimant is not exceeded as per section 5

   e) The claim has been properly completed, authorized and funded.

7. Upon completion of the claim adjudication, Brock Health will issue a reimbursement payment for the total cost of the Eligible Expenses to the claimant.

8. Brock Health will provide timely reporting, including an Annual Client Statement for tax purposes, as required and appropriate for the Planholder to reconcile all transactions in the accounts of the Planholder and the Covered Employees for the fiscal year.

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

PHSP Planholder:

Authorizing Signature:_____ Date: _____

For Office Use Only - Brock Health Administration Ltd.:

Authorizing Signature:_____ Date: _____

Optional: Did someone refer you to us? If so whom?_____

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Suite 210
Calgary, Alberta T2X 1M2

www.BrockHealth.ca

03/2015

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