

Flexsave Trust Application - Employee Enrollment

A Business Owners Dream



Employee Information

Company Name:		
Employee Name:		
Address:		
City:	Province:	Postal Code:
Date of Birth DD / MMM / YYYY		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Dependent Coverage

Dependent Name	Gender	Date of Birth	Relationship
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	
	M / F	DD/MMM/YYYY	

Coverage Information

Maximum Benefit Amount - \$	Employee Class -
Should First Year Benefit Amount be Pro-Rated?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Request for Direct Deposit

It is understood that:

- This banking information will be used for the sole purpose of depositing reimbursement
- This information will be held in the Master File of the company for which the employee is employed
- Hub Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time
- It is the sole responsibility of the employee to ensure the accuracy of the banking information on file. In addition any subsequent changes in banking information must be reported in a timely fashion
- Hub Financial Inc. may terminate payment by direct deposit without prior notice or authorization from the employee

Please attach a sample VOID Cheque for Employee's PERSONAL bank account to ensure accuracy of the banking information

Signatures

 Employee Signature:
 Employer Plan Administrator Signature:
Date: