Click the ? for more information on how to fill out the application

Employer Application

HUB | FlexSave™

CLIENT ACCOUNT INFORMATION

Legal Business Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

KEY CONTACT

Name: _____ Email: _____

PLAN INFORMATION

? Effective Date: _____ (DD/MM/YYYY)

? Benefit Year: _____ (MM/YYYY - MM/YYYY)

Unused Benefit to be:
(Only ONE can be selected)

? ☐ Forfeited ? ☐ Carry Forward Maximum ? ☐ Carry Forward Receipts

PLAN DESIGN

Employee Classification		Maximum Fixed Annual Benefit Amount		
Class Code	? Class Level (ex: owner, executive, admin, laborer)	? Health/Dental	? Wellness	? % Co-Pay*
A				
B				
C				
D				
E				

* Co-Pay percentage will default to 100% employer paid if not otherwise specified

$250.00 Non-refundable setup fee included: ☐ Cheque ☐ Credit Card

Authorized Person: _____ Authorized Signature: X _____

Advisor Name: _____ Advisor Signature: X _____

Advisor Email: _____ **Advisor will be included in email confirmation of plan registration.*

HUB

FlexSave™ Division - HUB Financial Inc. 1001, 3700 Steeles Avenue West, Woodbridge, ON L4L 8m9
Phone: 1 (800) 561-2405 (option 4) or Fax: 1 (866) 417-8394 | Email: flexsave@hubfinancial.com