

# Employee Enrollment

## EMPLOYEE INFORMATION

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
DD/MMM/YYYY

Email: \_\_\_\_\_ Gender:  Male  Female  Other

## DEPENDENT COVERAGE (COMPLETE FOR COUPLE OR FAMILY COVERAGE) Employee to complete online

Note: Children are covered until age 21, or up to 25 if enrolled full-time in post-secondary education.

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

## FLEXSAVE COVERAGE INFORMATION

Employee Class: \_\_\_\_\_ Annual Max: \_\_\_\_\_

Should first year benefit amount be pro-rated?  Yes  No Coverage Start Date: \_\_\_\_\_  
DD/MMM/YYYY

Add Additional Catastrophic and Travel Medical  Yes  No If yes, select:  Single  Couple  Family

## DIRECT DEPOSIT BANK ACCOUNT INFO Employee to complete online

⑈330⑈ ⑆69908⑈ ⑆19⑆ ⑆16555101⑆⑈

5 digit Branch # 3 digit Bank # Account #

Branch Number:	Bank Number:	Name of Bank:	Account Number:

## 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 for the employee.