

Wellness Plan Application

FlexSave™

For use with existing FlexSave™ Plans Only

Client Information

Legal Company Name: _____
(Please indicate DBA or Op. Co. Names)

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Effective: _____
DD/MMM /YYYY

Wellness Plan Information

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				

*A Wellness plan will share the same structure as your current base plan including benefit period, unused benefit option and co-pay.

\$100.00 non-refundable set-up fee will be charged against your FlexSave™ account.

Signature

Date: _____
DD/MMM /YYYY

Authorized Person: _____

Authorized Signature: **X** _____

