

HealthCare Spending Account Enrollment Form

Policy #: _____
(For NHC use)

A Company Information

Legal Name of Company: _____ Phone: (____) _____

Address: _____ Postal Code: _____

Plan Administrator: _____ Email: _____

Broker Name: _____ Email: _____

Broker ID: _____ Association: _____

B Create Your HealthCare Spending Account Plan (For yearly health & dental expenses)



1. Choose the classifications for your company.
2. Please make sure the descriptions are accurate. Example text is shown below.
3. Enter the annual limit amounts. The grey amounts are defaults - any amount can be entered.
4. Consult the "Additional Information" page for details about Waiting Period and Pro-Rating

Select	Job Classification	Description	Annual Limit: Single	Annual Limit: Family	Waiting Period	Pro-Rated
<input type="checkbox"/> A	Executive	Has the authority to enter into contracts on behalf of the company and is responsible for the overall direction and vision of the company	\$5,000	\$10,000	30 d	Y / N
<input type="checkbox"/> B	Manager	Is responsible for all hiring and supervision of employees within their areas of responsibility	\$1,000	\$2,000	30 d	Y / N
<input type="checkbox"/> C	Full Time Employee	Performs daily operational duties and work for at least 30 hours a week	\$1,000	\$2,000	30 d	Y / N
<input type="checkbox"/> D	Other					Y / N

For additional descriptions please attach additional pages to this application.

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

When the plan is to start. The plan can be back-dated up to one year (will apply to all employees).

Benefit Year: January to December
 Other: _____

The 12 month cycle that claims are made against.

Carry Forward: Use Credit Carry Forward
 Use Expense Carry Forward
 DO NOT Use Carry Forward

Consult the "Additional Information" page for details.

Run-off: Days

Number of days from start of new benefit year during which claims can be made against the previous year.

Student Dependent Cut-Off Age:

Child dependents in full-time post secondary school remain eligible until, and including, this age.

Child Dependent Cut-Off Age:

Child dependents remain eligible until, and including, this age.



Enter Your Employee & Dependent Information

Employee Information			
Full Name: _____	Email: _____ <small>(This will be used as the website username)</small>		
Job Classification: _____ <small>(From Section B)</small>	Date of Birth: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>		
Date of Hire: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>			
Dependents			
Name	Relationship	Date of Birth (YYYY / MM / DD)	Student*
_____	Spouse	_____ / _____ / _____	
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N

Employee Information			
Full Name: _____	Email: _____ <small>(This will be used as the website username)</small>		
Job Classification: _____ <small>(From Section B)</small>	Date of Birth: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>		
Date of Hire: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>			
Dependents			
Name	Relationship	Date of Birth (YYYY / MM / DD)	Student*
_____	Spouse	_____ / _____ / _____	
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N

Employee Information			
Full Name: _____	Email: _____ <small>(This will be used as the website username)</small>		
Job Classification: _____ <small>(From Section B)</small>	Date of Birth: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>		
Date of Hire: _____ / _____ / _____ <small>(YYYY / MM / DD)</small>			
Dependents			
Name	Relationship	Date of Birth (YYYY / MM / DD)	Student*
_____	Spouse	_____ / _____ / _____	
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N
_____	Child	_____ / _____ / _____	Y / N

* Students are eligible if they attend a post-secondary school full time and are 21-24 years old inclusive. Dependents who are 20 years old or younger are automatically eligible.

For additional employees please attach additional pages.

D Authorization

By signing this enrollment form, the company agrees to provide a healthcare spending account for its employees and will pay for all account funding and administration fees as required.

Signature of Authorized
Company Officer: _____

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

Print Name: _____

Please Fax or Mail To: National Health Claim Corporation
335 58th Ave S.E.
Calgary Alberta T2H 0P3
Fax: (403) 228-1580

- Pre-funding cheque attached
 Sign and return Indemnity Contract

E Additional Information

Funding Options

A company can choose to provide funding for their HSA by either "Pay-as-you-go" (generate a cheque for each expense claim submitted) or by "Pre-funding". To utilize the "Pre-funding" method, a company is required to send in a block of money that will be held in an account and drawn from as HSA claims come in. By "Pre-funding" an account, claims will be processed immediately. All HSA accounts will operate in either mode, automatically. NHC does not pay interest on monies held.

Waiting Period and Pro-Rating

New employees can be limited in the initial use of their Healthcare Spending Account by using these two features. The Waiting Period is a time (30,60,90 days) that a new employee must wait after their hire date before any claims can be submitted. The Pro-rating feature will limit the annual HSA amount proportional to the number of months left in the benefit year. The Pro-rating feature begins after the Waiting Period (if applicable) has been satisfied. All new employees in a particular job classification will be treated the same.

Credit Carry Forward

This company wide optional feature provides for employees to carry forward any un-used portion (or "credits") of their Healthcare Spending Account into the next benefit year. This can only be done for one year. For example, if an employee has a \$1,000 annual limit and submits \$600 for the entire benefit year, there will be \$400 carried into the next year's limit for a new total of \$1,400. This feature cannot be combined with Expense Carry Forward.

Expense Carry Forward

This company wide optional feature will allow employees to carry forward expenses from a previous benefit year into the current benefit year. The expenses incurred must be within their annual limit, be after the plan effective date and be within the employee's eligible dates. This feature cannot be combined with Credit Carry Forward.

No Carry Forward

This is a basic plan configuration where all expenses claimed must be from the current benefit year. Any unused portion of an employee's annual limit will be lost at the start of the next benefit year.

Privacy Statement

Protecting the insured person's personal information at National HealthClaim Corp (NHC) is very important. We recognize and respect the company and individual's privacy. When a company enrolls for an HSA, we establish a confidential file that contains their account and employee information. This file is kept in the offices of NHC. We collect and use the personal information to process this enrollment and provide and administer the financial product(s) enrolled for, investigate and process claims, and create and maintain records concerning our relationship.