

HealthCare Spending Account Enrollment Form

Policy # _____
(NHC Use)

A Company Information

Legal Name of Company: _____

Phone: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Company Plan Administrator: _____

Email: _____

Broker Email: _____

Broker Name: _____

B Define Your Employee Categories

Choose job classification(s) for the employees of your company. It is required that each employee within a classification be extended the same annual limits. Please make sure the descriptions are accurate.

JOB CLASSIFICATION	JOB DESCRIPTION	ANNUAL HSA LIMIT SINGLE	ANNUAL HSA LIMIT COUPLE	ANNUAL HSA LIMIT FAMILY	WAITING PERIOD (30, 60, 90 DAYS)	NEW HIRE PRO-RATING (CHECK FOR YES)
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES
						<input type="checkbox"/> YES

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. You can align it to your fiscal year or keep it to a calendar year.

Run-off: 30 60 90

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

Carry Forward: (Choose one option)
Use Credit Carry Forward
Use Expense Carry Forward
Use No Carry Forwards

Credit Carry: Unused credits from one benefit year can transfer to the next year after the runoff period has ended.
Expense Carry: Expenses (receipts) from one benefit year can be claimed in the next year, after the runoff period has ended.
No Carry: Credits must be used within each benefit year only. No carry forward after the selected run-off period

Child Dependent Cut-Off Age:

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

Student Dependent Cut-Off Age:

Child dependents attending full-time post secondary school remain eligible until (and including) this age.

Enrollment Form



Enter Your Employee & Dependent Information (Attach additional pages for more employees)

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 (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

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 (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

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 (select)
_____	Spouse	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

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: _____

- Pre-Funding Cheque Attached (optional)
- Sign and return Indemnity Contract
- Set-up fee _____

National HealthClaim Corporation
335 58th Ave S.E. Calgary,
Alberta,
T2H 0P3

E Additional Information

HealthCare Spending Account Funding

Pre-Authorized Debit (PAD) is the easiest way a company can fund their HSA. With this method, National HealthClaim does automatic weekly withdrawals to reimburse pending claims.

- Yes, please contact me about setting up pre-authorized debit (PAD).

Our support team will review the exact requirements needed for PAD, including the continuous float amount needed on your account.

Alternatively, a company can choose to fund their HSA by making online bank payments or mailing cheques. More information on these two methods can be found on the company's online plan administration (PA) account.

Pre-funding versus Pay-as-you-go

National HealthClaim recommends pre-funding the HSA. Money is held in an account and drawn from as HSA claims come in. This method ensures claims get paid without any delay. Pay-as-you-go funding is also available, if the company wishes to do online bank payments or mail cheques after their claims get processed.

Note: All HSA accounts will operate in either mode, automatically. NHC does not pay interest on monies held.

Privacy Statement

Protecting the insured person's personal information at National HealthClaim Corporation. (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 electronic file that contains their account and employee information. This file is kept secure within the company and employee online portals. We collect and use the personal information only 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.

Web: www.nationalhealthclaim.com

Toll Free: 1 (866) 342-5908

enrollments@nationalhealthclaim.com

What Happens Next

- 1** This form is sent to National HealthClaim (NHC) for review. NHC may contact the company Plan Administrator or Advisor to discuss the enrollment if there are questions.

Note: It is important that the Plan Administrator indicate their email address on the enrollment form.
- 2** Once the plan is active, an email will be sent to the company “Plan Administrator” (PA) with login instructions for their online portal. Once logged in, the PA is able to make changes to the plan and/or to employees.
- 3** Once their benefits are active, employees will receive a welcome email. It will include login instructions and give information on how to download the mobile app (ClaimSnap) for claiming.

Note: The employee username for login is the email address submitted on the enrollment form and must be unique to each employee.

**An Indemnity Contract
Providing for the Administration of a
HealthCare Spending Account (Private Health
Services Plan) by National HealthClaim**

This Administrative Services Indemnity Agreement Made as of
the _____ day of (month) _____, 20____.

Between:

National HealthClaim Corporation (“NHC”)

OF THE FIRST PART

- and -

(the “Subscriber”)

OF THE SECOND PART

WHEREAS NHC and the Subscriber wish to enter into an indemnity contract whereby NHC, for consideration, agrees to indemnify certain persons in respect of certain hospital expenses, medical expenses, medical plans or any combination of such expenses or plans;

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the mutual premises and covenants herein contained, the receipt and sufficiency of which is hereby acknowledged, it is agreed that:

Definitions

1. The following definitions shall be used throughout this agreement:
 - a. “Administrative Fee” means the fee to be paid by the Subscriber to NHC concurrently with the Eligible Medical Expenditure, as outlined in Schedule “B”, plus any applicable taxes payable thereon, including Goods and Services Tax and any applicable Provincial taxes;
 - b. “Claim Adjudication” means the process whereby NHC adjudicates a claim of a Qualified Person to determine, among other things, whether such claim is a type which is covered by the PHSP and whether such claim has been paid by the Qualified Person;
 - c. “Eligible Medical Services” means only those hospital expenses, medical expenses, medical plans or any combination of such expenses or plans which, pursuant to the *Income Tax Act* (Canada), including section 248(1) and section 118.2(2) thereof and regulations thereunder, may be included in the PHSP;
 - d. “Eligible Medical Expenditure” means expenditures in respect of Eligible Medical Services provided to a Qualified Person, up to maximum amounts as set out in Schedule “A” hereto;
 - e. “Fee Guide” means the Schedule of Administrative Fees which is attached as Schedule “B” hereto, forming part of this Agreement;
 - f. “PHSP” means the private health services plan (known as the HealthCare Spending Account) to be established and administered pursuant to this indemnity contract by NHC on behalf of the Subscriber wherein, upon a Qualified Person making an Eligible Medical Expenditure, the Subscriber shall remit the Premium to NHC,

following which, upon a satisfactory Claim Adjudication, NHC shall indemnify the Qualified Person for the cost of the Eligible Medical Expenditure;

- g. “Premium” means the sum of the Eligible Medical Expenditure, the Administrative Fee and any applicable taxes payable thereon, including Goods and Services Tax and any applicable Provincial taxes;
- h. “Qualified Person” means such employees of the Subscriber and other persons as are set out in Schedule “A” hereto who may, depending on the plan offered by the Subscriber, include the spouse or common law partner of the employee (including same-sex common-law partners) or any member of that employee’s household who is a dependent of that employee, as defined for purposes of the Canada *Income Tax Act*, so long as there is a contract of employment in good standing;

Covenants of the Subscriber

- 2. Upon receipt of a claim from a Qualified Person (employee) for reimbursement of a medical expenditure, the Subscriber (company / policy holder) shall pay the Premium and applicable taxes to NHC, for NHC to perform the Claim Review and Settlement process.
- 3. The Subscriber shall keep NHC immediately informed of any changes to the information in Schedule “A” hereto, which shall be amended accordingly. These changes are to be kept current on the secure HSA web site.

Covenants of NHC

- 4. In the event that the Premium is paid to NHC by way of non-certified funds, NHC will not be obliged to pay any funds out of its trust account until such funds have actually cleared and been deposited unconditionally to NHC’s trust account.
- 5. Subject to paragraph 4 herein, upon receipt of the Premium NHC shall:
 - a. commence the Claim Adjudication; and
 - b. maintain the Premium in its trust account on behalf of the Subscriber until such time as NHC either:
 - i. pays the amount of the Eligible Medical Expenditure to the Qualified Person and subsequently transfers the Administrative Fee to itself, all in accordance with paragraph 6 herein; or
 - ii. returns the Premium to the Subscriber pursuant to paragraph 7 herein.
- 6. In the event that, through the Claim Adjudication process, NHC determines that the claim is one which is covered by the HealthCare Spending Account, it shall:
 - a. indemnify that Qualified Person in respect of such claim by issuing a cheque in the amount of such Eligible Medical Expenditure to such Qualified Person;
 - b. issue a Premium statement to the Subscriber; and
 - c. transfer the Administrative Fee to its own account.

7. In the event that, through the Claim Adjudication process, NHC determines for any reason that the claim is not one which is covered by the PHSP, it shall forthwith return the Premium to the Subscriber, or Hold the balance of Premium in the Subscriber's account for future use, and inform the Qualified Person with an explanation of why the claim is not covered.
8. NHC shall use commercially reasonable efforts to ensure that the Claim Adjudication process and the indemnification of a Qualified Person (if required) are completed in a timely manner.
9. NHC shall not become entitled to the Administrative Fee unless and until the cheque or payment in the amount of the Eligible Medical Expenditure (if required) has been issued to the Qualified Person.
10. NHC reserves the right to change the Administrative Fee on 60 days' written notice to the Subscriber. The Administrative Fee can only increase by a maximum of 1% per 12 month period.

Conditions Precedent

11. Conditions precedent to the performance of this indemnity agreement are that:
 - a. there shall be a contract of employment in good standing between the Subscriber and the Qualified Person or the person through whom such Qualified Person makes a claim pursuant to the PHSP; and
 - b. the Subscriber shall have an undertaking or a contractual obligation to the Qualified Persons, and each of them, to indemnify such Qualified Persons in respect of Eligible Medical Expenses;

and that by submitting a Premium and documentation to NHC pursuant to paragraph 2 herein, the Subscriber represents to NHC that such conditions precedent exist.

Enforcement by Qualified Persons

12. NHC agrees that Qualified Persons are entitled to enforce NHC's obligations to indemnify them pursuant to this agreement notwithstanding that such Qualified Persons are not named, nor have they signed, as parties to this agreement and that in the event of such enforcement, NHC shall not raise the issue of privity of contract.

General

13. This Agreement shall be governed by and construed in accordance with the laws of the Province of Alberta and the laws of Canada applicable therein.
14. The Parties agree that the within agreement is an indemnity contract in respect of hospital expenses, medical expenses or any combination of such expenses pursuant to the Canada *Income Tax Act*, including section 248(1) therein and that they will construe and interpret this agreement accordingly.
15. Headings used in this Agreement are used for convenience only and shall not form the basis for any interpretation of the terms of intent of this Agreement.
16. If one or more of the provisions of this agreement or any part of them is, or adjudged to be, invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions hereof shall not in any way be affected or impaired thereby, and such invalid, illegal or unenforceable provision or part shall be deemed to be severable.

- 17. The Subscriber acknowledges that it has had the opportunity to obtain its own legal and tax advice with respect to this agreement.
- 18. Schedules "A" and "B" referred to herein and attached hereto are incorporated by reference to and form part of this agreement.
- 19. This agreement may be executed and delivered in separate counterparts and by facsimile, each of which when so executed and delivered shall constitute the one in the same instrument.

Privacy Statement

- 20. Protecting the insured person's personal information at National HealthClaim Corporation. (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 electronic file that contains their account and employee information. This file is kept secure within the company and employee online portals. We collect and use the personal information only 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.

A complete copy of our privacy statement can be provided upon request.

Signed in (city) _____, _____, this _____ day of (month) _____, 20____.

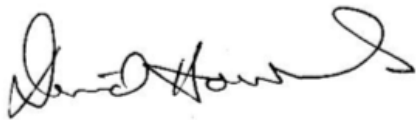
NATIONAL HEALTHCLAIM CORPORATION

the SUBSCRIBER

David Howard

Per: (Print full name of Officer)

Per: (Print full name of Subscriber)



(Signature of Officer)

(Signature of Subscriber)

Director
(Title of Officer)

(Title of Subscriber)

**Schedule “A”
to Administrative Service Indemnity Agreement**

Subscriber Profile, Plan Design, and Employee Eligibility

The complete details of the subscriber profile, HealthCare Spending Account plan design, and the employee eligibility information is recorded in the NHC secure web site. It is the responsibility of the subscriber Plan Administrator to keep this information current.

**Schedule “B”
to Administrative Service Indemnity Agreement**

Fees and Terms – HealthCare Spending Account

1. Administration Fee – calculated as follows:
 - Is a percentage of the employee benefits paid out under the HealthCare Spending Account.
 - GST is charged on the administration fee.
 - Further details about the actual admin fee can be found within the “Base Plan Details” section of the Plan Admin portion of the NHC secure web site.
2. Cheques are payable to National HealthClaim Corporation ‘In-Trust’.
3. The HealthCare Spending Account will be funded on a timely basis.

Agreed Upon Administration Fee (%)