

BENEFITS MY WAY PLAN ENROLMENT

☐ Health Spending Acco	ount OR 🗌 Taxable Well	ness Account OR Both
Date:		
Advisor/Broker Name:		
Company Legal Name:		
Company Short Name:		
Mailing Address:		
Street Address:		
City:	Province:	Postal code:
Daytime Phone:	Fax:	Email:
Contact Person:		
# of Employees:		
One Time Set-up Fee (\$29	95 + Tax) Payment:	
Credit Card #:		I authorize BeneFitsMyWay to debit my credit card for
Expiry Date:	CSV Code: 3 Digits - Back of Card	the amount of:
Name on Card:	O Englis - Eduk of Gald	Authorized Signature
I am also enrolling my empl	oyees for the following option	al insurances (check all that apply):
Group Life Insurance and Disability (choose one below)		☐ Travel and Major Medical Insurance
□ Basic		☐ Critical Illness Insurance
□ Enhanced		□ Diagnostic and Specialist Access Insurance
☐ We are aware that all cur	rent employees will be added	as well as any new employees.
PLEASE SEE YOUR COMPAN	NIES CUSTOMIZED PROPOSAL	FOR RATES
Monthly Billing for Option	nal Add-Ons	
	BANK	ING DATA
Branch No. (5 figures)	Institution (3 figures)	Account No. (12 figures)
Name as shown on bank records		
exchange personal information	with the financial institution in order	ing payments in accordance with its Pre-authorized cheque plan and to to execute this agreement. NOTE: Transaction fees may be charged for irm that the banking information accurately corresponds to my account.
Signature (as shown on bank records)		Other signature (joint account)
This information will not be sha	ared with anyone outside of BeneFit	tsMyWay and will only be used for processing as per your instructions.



PLEASE ATTACH A COMPANY VOID CHEQUE WITH THIS APPLICATION

BeneFitsMyWay