

Health Spending Account OR Taxable Wellness 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 (\$295 + Tax) Payment:

Credit Card #:

I authorize CustomCare Inc. to debit my credit card for the amount of:

Expiry Date: CSV Code:

3 Digits - Back of Card

Name on Card:

Authorized Signature

I am also enrolling my employees for the following optional insurances (check all that apply):

- Group Life Insurance and Disability
- Travel and Major Medical Insurance
- Critical Illness Insurance
- Diagnostic and Specialist Access Insurance

We are aware that all current employees will be added as well as any new employees.

PLEASE SEE YOUR COMPANIES CUSTOMIZED PROPOSAL FOR RATES

Monthly Billing for Optional Add-Ons

BANKING DATA		
Branch No. (5 figures)	Institution (3 figures)	Account No. (12 figures)
Name as shown on bank records		
<p>CustomCare Inc. is authorized to draw a cheque for monthly recurring payments in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.</p>		
Signature (as shown on bank records)		Other signature (joint account)

This information will not be shared with anyone outside of CustomCare Inc. and will only be used for processing as per your instructions.



PLEASE ATTACH A COMPANY VOID CHEQUE WITH THIS APPLICATION

To discontinue your coverage under this plan, we require 10 days written notice prior to the start of the month you wish to terminate the policy in.

* Some exclusions apply, please visit customcare.ca for more information.