

SCHEDULE A

Company Name _____ **Owner** _____ **Incorporated Y or N** _____
Address _____ **City** _____ **Prov** _____
Postal Code _____ **Phone** _____ **Fax** _____
Contact _____ **email** _____ **# of Employees** _____
Program Start Date _____ **Type of Health Trust:** PHSP Health and Welfare Trust Both

Name		Age	Type	Class	Health Spending Account	Health & Drug Premium	Travel Insurance 2.54/5.08	Critical Illness 20,000	Term Life 25,000 50,000	Dep .Life	AD&D	Contribution Total
First Initial	Last Name		Single Couple Family									
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
Subtotal												
Subtotal from Back Page												

Individual Plan

Subtotal Total	
Admin Fee* (Subtotal x .109)	
Applicable Taxes+ (Subtotal x 2%)	
Monthly Total	
\$60 Drug Card Fee (if applicable)	60.00
Deposit (see Payment Schedule)	

* 10% of contributions + 7% GST+ 2% premium tax + 2% premium tax on the subtotal

Group Plan

Subtotal Total	
Admin Fee** (Subtotal x .117)	
Applicable Taxes++ (Subtotal x .10)	
Monthly Total	
\$60 Drug Card Fee (if applicable)	60.00
Deposit (see Payment Schedule)	

** 10% of total contributions + 7% GST + 8% PST + 2% premium tax ++ 8% PST + 2% premium tax on the subtotal

Payment Schedule **Monthly** **Quarterly** **Semi-Annually** **Annually**

I AUTHORIZE BENECAID HEALTH BENEFIT SOLUTIONS TO DEBIT MY ACCOUNT FOR EMPLOYEE HEALTHCARE BENEFITS

In the Fixed Amount of \$ _____ payable monthly, commencing _____ (25th day of start month).

For Variable Amounts not to Exceed \$ _____, payable monthly.

I/WE HAVE READ AND UNDERSTOOD THE TERMS OF THIS AUTHORIZATION AND ACKNOWLEDGE RECEIPT OF A COPY THEREOF

Signature _____ **Date** _____
Please include a void cheque for this option *Make deposit cheque payable to: Benecaid in Trust*

Drug Cards:

- A one time annual Drug Card set up fee of \$60 will be charged to the company for an unlimited number of Drug Cards
- Benecaid reserves the right to suspend use of your Drug Card (temporarily or permanently). In the event your card is suspended, you will be notified - by phone/fax/email - by Benecaid within 24 hours of the suspension

Returned or NSF cheques will result in a \$30.00 fee - added to the following month's PAP or deducted from employee's HSA