

Health & Dental Private Health Spending Program ENROLLMENT FORM

Company or Corporate Name: _____ Business Year End _____

Address: _____

Administration Contact

Name: _____ Phone: _____ email: _____

Section One

(*print*) Employee Name(s)
And Dependents

DOB

Identification Document
(SIN#, Driver License, Other)

Attach a list for additional information

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include in your corporate minutes a copy of this enrollment. CRA rulings for interpretations and maximum allowable expenses are available upon request at time of enrollment. Also Available at costplus.ca

By signing and authorizing the participation in the Cost plus Benefit Trust Plan above; you confirm the information above is correct and agree to the administration costs: "ONE TIME ENROLLMENT FEE = \$150.00", claim administration charges of 5% of the total claimed benefits and current 5% GST.

I wish to enroll as an eligible employee in the corporation or, sole proprietor.

Employee

Corporate authorized signature

Day/Month/Year

Effective date of Eligibility

Ogden Financial Planners Ltd Private Health Spending Account Trust:

Further to Enrollment:

It is authorized that the individual, proprietor, or corporation will include in their business practice, and or corporate minutes the enrollment under the participation rules of CRA. Charges include a single administrative set up fee of \$150.00. With each claim an administration cost of 5% plus current GST.

To limitation with no excess use above 15% of the earned income of the professional individual in accordance with participation rules of CRA. Information for the full ruling has been provided with reference to the interpretation bulletins.