

# LifeHealth+ 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 LifeHealth+ is a combination of Health Spending Account and Lifestyle Spending Account Coverage.

All our LifeHealth+ plans come with comprehensive health spending account coverage including: prescription, vision, dental and health coverage. Below is a list of our recommended lifestyle spending account coverages. Select which ones you want to add to this enrollment.

Contact [enrollments@nationalhealthclaim.com](mailto:enrollments@nationalhealthclaim.com) to speak to us about adding other custom categories.

### Select The Lifestyle Spending Account Coverages Below You Want To Add:

SELECT	COVERAGE	DESCRIPTION
<input type="checkbox"/>	Fitness Related Services A	Fitness club memberships (Eg. annual costs for gym memberships). Registration fees for fitness related programs or lessons (Eg. personal trainers, fitness classes, yoga classes, dance lessons).
<input type="checkbox"/>	Fitness Related Services B	Recreational Membership (Eg. annual costs for golf, yacht club, curling, etc.). Sports Team memberships and registration fees. Court fees, green fees, ski passes, lift tickets and race registrations.
<input type="checkbox"/>	Fitness Equipment (non apparel)	Exercise equipment (Eg. treadmill, stationary bike, elliptical, weights / bench, yoga mat, fitness DVDs, etc.). Sports equipment required to play the sport. Recreation equipment (Eg. golf clubs, bicycles, roller blades, tennis racquet, etc.).
<input type="checkbox"/>	Fitness Apparel	Specialized clothing used to participate in fitness activities. Runners, apparel specific to sport or fitness activity.
<input type="checkbox"/>	Health Related Services	Health and wellness services performed by alternative health practitioners. (Eg. weight management, stress management, reflexologist, iridologist, herbalist, homeopath, Shiatsu therapist, Reiki, Touch therapy, Rolfing, and Light therapy, etc.) Maternity Services (Eg. pre-natal classes and services of a certified Doula, etc.).  Note: If you have other healthcare benefits that do not cover the expense, you can claim those services here.
<input type="checkbox"/>	Health Related Devices	Devices that support health, fitness or wellbeing. Blood pressure monitor, breast pump, SAD Light, pedometer, Fitness watches/monitors/systems, etc. Items suggested by a practitioner (Eg. Lumbar pillow, muscle roller, etc.)
<input type="checkbox"/>	Wellness products (non food)	Products used to support a healthy body. Vitamins, Herbs, Supplements, Holistic/homeopathic remedies, Ayurvedic medicine, etc., Essential oils / accessories, etc.

SELECT	COVERAGE	DESCRIPTION
<input type="checkbox"/>	Individual Insurance premiums	Costs associated with personal insurance premiums. Premiums for health-related insurance such as Life, Disability, and Critical Illness. Does not include Home or Auto insurance.
<input type="checkbox"/>	Green living	Items or services to make your home more earth friendly. House and Home (energy assessment, solar panels, high efficiency furnace and hot water systems).
<input type="checkbox"/>	Transportation	Costs associated with getting to work (does not include personal automobile expenses). Public Transit passes, Parking passes.
<input type="checkbox"/>	Family Assistance	Attendant care and facility costs. Childcare / daycare (in home or at a Center - must have receipt), after school programs, day camps, nannies, summer camps. Dependent Elder Care (in-home care services for direct family elder care - must have a receipt).
<input type="checkbox"/>	Infant Equipment and Furniture, Carriers and Safety Items	Hard Goods required for the care and safety of your infant. Cribs, strollers, high chairs, car seats, monitors, playpens, breast pumps, baby carriers (excludes clothing, diapers, toys and decor items).
<input type="checkbox"/>	Pet Care and Services	Pet insurance, vet bills, daycare, boarding, walking/sitting, obedience school, training (valid receipts required).
<input type="checkbox"/>	Life Event Preparation	Legal fees for will & estate planning, new home owner, investments.
<input type="checkbox"/>	Computer Products / Mobile Devices	Products for personal computing and mobile communication. Computers and peripherals (hardware), printer/scanner, laptop, notepads, cell phone and devices
<input type="checkbox"/>	Electronics	Technological products used to enhance leisure time. Televisions, stereo, gaming consoles, PVR, satellite dishes, camera, headsets, GPS.
<input type="checkbox"/>	Education and personal development	Supports continuous learning. Tuition fees for university, college or continuing education (including books and supplies). Professional membership fees or dues not covered by the company. Hobby and general interest classes, driver education, seminars and conferences.
<input type="checkbox"/>	Life Balance	Supports household responsibilities, allowing for participation in fitness & leisure activities. Snow removal, yard maintenance, housekeeping services, laundry service, carpet cleaning, window washing.
<input type="checkbox"/>	Spa Services	Services related to personal care, relaxation and wellbeing. Manicure, pedicure, wraps, scrubs, facials, vichy bath, whirlpool, hot tub, sauna, steam room, waxing, teeth whitening.
<input type="checkbox"/>	Cosmetic procedures	Services related to personal appearance. Botox, hair implants, tattoos, piercings, cosmetic procedures
<input type="checkbox"/>	Family Leisure Fees	Participation in leisure activities outside of the home. Zoo, Theme Park, Amusement Park, Museum Passes, Opera tickets, Symphony tickets, National Park Pass

### Alternative Option: Pay As Submitted



Instead of specifying the coverages above, choose to offer a wide open taxable lifestyle spending account by selecting the option below.

Note: This means that we accept all receipts as submitted and will process all expenses without rejections.

SELECT	COVERAGE	DESCRIPTION
<input type="checkbox"/>	Pay As Submitted	Pay all receipts as submitted - no rejections



## Define Your Employee Flexible Categories

1. 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.
2. Please make sure the descriptions are accurate. Examples are shown below.
3. Enter the annual limit amounts.

JOB CLASSIFICATION	JOB DESCRIPTION	ANNUAL LIMIT SINGLE	ANNUAL 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

Select the default ratio employees will get if they do not participate in the flex selection process:

### DEFAULT RATIO

- ☐ 100% to HSA
- ☐ 100% to LSA
- ☐ 50% split to HSA/LSA

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. Typical is 60 days to allow adequate time.

Carry Forward: ☐ Use Credit Carry Forward Use  
(Choose one option) ☐ 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 - there is no limit)

### EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

( This will be used as the website username )

Job Classification: \_\_\_\_\_

( From Section B )

Date of Birth: \_\_\_\_\_

( YYYY / MM / DD )

Date of Hire: \_\_\_\_\_

( YYYY / MM / DD )

### Dependents

Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

### EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

( This will be used as the website username )

Job Classification: \_\_\_\_\_

( From Section B )

Date of Birth: \_\_\_\_\_

( YYYY / MM / DD )

Date of Hire: \_\_\_\_\_

( YYYY / MM / DD )

### Dependents

Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

### EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

( This will be used as the website username )

Job Classification: \_\_\_\_\_

( From Section B )

Date of Birth: \_\_\_\_\_

( YYYY / MM / DD )

Date of Hire: \_\_\_\_\_

( YYYY / MM / DD )

### Dependents

Name	Relationship	Date of Birth ( YYYY / MM / DD )	Student (select)
_____	Spouse	_____	
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>
_____	Child	_____	<input type="checkbox"/>

## **E Authorization**

By signing this enrollment form, the company agrees to provide a LifeHealth+ 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 Corp.  
335 58th Ave S.E.  
Calgary, Alberta,  
T2H 0P3

## **F Additional Information**

### **LifeHealth+ Funding**

A company can choose to provide funding for their LifeHealth+ by either "Pay-as-you-go" or by "Pre-funding".

Pay-as-you-go: Send a payment after expense claims get submitted.

Pre-funding: Send in a block of money that will be held in an account and drawn from as LifeHealth+ claims come in. This method is preferred as claims will be processed immediately.

*Note: All LifeHealth+ 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 Corp. (NHC) is very important. We recognize and respect the company and individual's privacy. When a company enrolls for LifeHealth+, we establish a confidential file that contains their account and employee information. This file is kept in the offices of NHC. We collect and use the personal information 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](http://www.nationalhealthclaim.com)**

**Toll Free: 1 (866) 342-5908**

**[enrollments@nationalhealthclaim.com](mailto:enrollments@nationalhealthclaim.com)**

## What Happens Next

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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.*

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

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

Between:

**National HealthClaim Corp.**  
("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 Health 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 for reimbursement of a medical expenditure, the Subscriber shall pay the Premium to NHC, together with all documentation as is necessary for NHC to perform the Claim Adjudication 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 LifeHealth+ 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 30 days' written notice to the Subscriber.

#### **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.

Signed in (city) \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_.

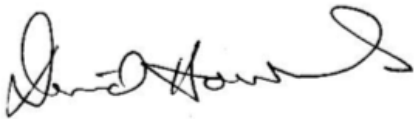
**NATIONAL HEALTHCLAIM CORP.**

**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, Health 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 – LifeHealth+**

1. Administration Fee – calculated as follows:
  - Is a percentage of the employee benefits paid out under the LifeHealth+ 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 Corp. ‘In-Trust’.
3. The LifeHealth+ Account will be funded on a timely basis.

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Agreed Upon Administration Fee