



Health Spending Account Schedule A – Ontario

A – COMPANY INFORMATION

Incorporated Yes No # of Employees

Company Name

Street Address City

Unit # Postal Code Contact/Owner

Phone Fax Start Date (mm/dd/yy)

B – CONTRIBUTION PERIOD

Monthly Quarterly Semi-Annually Annually

C – CONTRIBUTION SCHEDULE

Employee Name	HSA Contribution	Premiere Plan	Travel	Contribution Total
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
Subtotal				\$

Individual Plan (1 employee)	
A - Subtotal (from above)	\$
B - Administration Fee (A x .10)	\$
C - GST & Premium Tax on Admin Fee [Bx(.05+.02)]	\$
D - Premium Tax on Subtotal (A x .02)	\$
Payment Total (A+B+C+D)	\$
Initial Deposit	\$

Group Plan (2 or more employees)	
A - Subtotal (from above)	\$
B - Administration Fee (A x.10)	\$
C - GST, PST & Premium Tax on Admin Fee [Bx(.05+.08+.02)]	\$
D - PST & Premium Tax on Subtotal [A x(.08+ .02)]	\$
Payment Total (A+B+C+D)	\$
Initial Deposit	\$

D - PREAUTHORIZED PAYMENT OPTION (if applicable – Please include a void cheque)

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

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

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

Signature _____

Date (mm/dd/yy) _____

Make Deposit Cheque Payable to BENECAID-IN-TRUST

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