

EMPLOYEE ENROLMENT FORM

HEALTHCARE SPENDING ACCOUNT/WELLNESS

COMPANY INFORMATION

Company Name	
Direct No.	

EMPLOYEE INFORMATION

Employee Name	
Date of Birth	
Email Address	
Street Address	
City	
Province	
Postal Code	
Direct No.	

ENROLMENT COVERAGE

Class to be Attached	
Waiting Period	Yes No (please select one)
Hire Date	

NOTE - Hire date will dictate the effective date of the plan as well as the starting amount available to the employee. The system will pro rate the balance of the employee to the days left in the pro-rate as the beginning balance. To give the employee the full balance for the year the hire date should reflect no later than the first date of the beginning of the plan.