

☐ Health Spending Account OR ☐ Taxable Wellness Account OR ☐ Both

Date:

Advisor/Broker Name:

Company Legal Name:

Company Short Name:

Mailing Address:

Street Address:

City: Province: Postal code:

Daytime Phone: Fax: Email:

Contact Person:

of Employees:

One Time Set-up Fee (\$295 + Tax) Payment:

Credit Card #:

I authorize BeneFitsMyWay to debit my credit card for the amount of:

Expiry Date: CSV Code:

3 Digits - Back of Card

Name on Card:

Authorized Signature

I am also enrolling my employees for the following optional insurances (check all that apply):

- ☐ Travel and Major Medical Insurance
- ☐ Critical Illness Insurance
- ☐ Diagnostic and Specialist Access Insurance

☐ We are aware that all current employees will be added as well as any new employees.

☐ I have reviewed and acknowledge acceptance of the attached plan and rate summary.

Monthly Billing for Optional Add-Ons

BANKING DATA		
Branch No. (5 figures)	Institution (3 figures)	Account No. (12 figures)
Name as shown on bank records		
BeneFitsMyWay is authorized to draw a cheque for monthly recurring payments in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.		
Signature (as shown on bank records)		Other signature (joint account)

This information will not be shared with anyone outside of BeneFitsMyWay and will only be used for processing as per your instructions.



PLEASE ATTACH A COMPANY VOID CHEQUE WITH THIS APPLICATION

To discontinue your coverage under this plan, we require 10 days written notice prior to the start of the month you wish to terminate the policy in.

* Some exclusions apply, please visit benefitsmyway.ca for more information.

A Division of
AGA Benefit Solutions

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BeneFitsMyWay

The CRA has specific guidelines that must be followed in order for your company to take part in an HSA and have it qualify as a tax-free Health Spending Account. The CRA states that incorporated/limited businesses of any size may qualify for an HSA. These can range from multinational corporations all the way to single owner-employee businesses. It is imperative to use HSA's for their created purpose, which is to provide small businesses a way to offer affordable and flexible employee health and dental benefits, not as a tax avoidance measure.

Things to consider:

The final decision will be with you and your tax advisor because you know your exact situation best. From a taxation perspective, it comes down to demonstrating that the benefit is bestowed upon you in your capacity as an employee of your business and not as a shareholder. Demonstrating this could include things like:

- Receiving T4 Income (being paid like an employee)
- Being actively engaged in the day-to-day business operations as an employee
- All T4 income earning employees must be included unless there is another company paid program in place
- Creating benefit classes for future classes of employees
- Example: Executive, Management, Full Time, etc.
- Have an employment contract in place for yourself which includes the details of an HSA being offered to employees (eligibility criteria, spending limits, coverage details, etc.)
- The benefit you are receiving is comparable in nature and considerable to benefits generally offered to employees who perform similar services and have similar responsibilities for other employers of a similar size.
- This simply means setting the Executive class at a reasonable amount and the other classes being fair in comparison.
- Keeping corporate minute's which include:
 - An indication that the same type of plan would be offered to any new employees should you hire them
 - An indication that the plan cannot be changed at the discretion of the employee to accommodate his/her needs
- One of the big things that seems to be a concern is there being no element of risk when it comes to there only being the business owner on the plan. Adding something like our [Major Medical and Travel Insurance](#) together with your HSA adds in that element of risk and gives more substance to the HSA.

Because every companies' situation is different, we do not provide tax advice or opinions on each individual's situation; we invite our clients to discuss their situation with their own tax advisors and determine their course of action based on their own specific facts and circumstances.

☐ I/We acknowledge we have read and understand the above.	
FULL NAME/SIGNATURE	DATE DD / MM / YYYY
COMPANY NAME	COMPANY ID