



## PHSP Plan Owner Enrollment Form

✉ info@navancorp.ca

Are you incorporated?

Yes

No

Fiscal Year End:

Company Name:

Company Address:

Province:

City:

Postal Code:

Administration Officer:

Administration Officer Email:

### Job Classification: (Class, Position, Annual Limit)

\*\* The Plan Owner may elect to offer this PHSP to Plan Members in varying levels of maximum benefit based on the position or critical importance of the Plan Member within the business. Choose Job Classification(s) for the Employees of your Company. It is required that each Employee within a Job Classification be extended the same annual limits. These Job Classifications can be used when completing the Plan Member Enrolment Forms.

Job Classification

Class

Annual Maximum

Effective Plan Date:

Are you moving to navancorp from another PHSP or HSA provider? If so, your enrollment fee is waived.

Yes, I was with a different PHSP / HSP provider.

Name of your previous provider:



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How are you planning to pay for Enrollment?

Authorizing Signature:

Please Type Full Name:

Authorizing Date:

## NAVANCORP TERMS & CONDITIONS:

In accordance with Subsection 248(1) of the Income Tax Act, **navancorp**, by this enrollment form, establishes a "cost plus" Private Health Services Plan (PHSP) with the Company (Plan Owner) identified below. navancorp agrees to reimburse the Covered Employees (Plan Members) of the Plan Owner for all eligible medical expenses for the agreed upon administration fee to be paid by the Plan Owner immediately upon submission of the claim on behalf of the Plan Member. The **navancorp** PHSP applies to all eligible medical expenses as specified in Subsection 118.2(2) and are outlined in Canada Revenue Agency (CRA) Interpretation Bulletin IT-519R2 (Medical Expense Tax Credits). The **navancorp** PHSP provides coverage to all Plan Members as specified by the Plan Owner. The term Plan Member includes the Employee, the Employee's spouse or any member of the Employee's household with whom the Employee is connected by blood relationship, marriage or adoption. There is no limitation by age. The Plan Member will be eligible for coverage from the effective date of the plan.

**navancorp** will adjudicate each claim submitted to ensure the following:

1. The medical expenses are eligible as per CRA's METC;
2. The Plan Member is eligible as per Plan Owner instruction;
3. The maximum benefit level and dates set by the Plan Owner are not exceeded;
4. The claim form has been properly completed, the corresponding payment plus administration fees and applicable receipts are included.

Upon completion of the claim adjudication, **navancorp** will issue reimbursement for the cost of all eligible expenses to the Plan Member within 5 business days of receipt.

**navancorp** will issue tax receipts to the Plan Owner to allow the business to claim the cost of enrollment, medical expenses, administration fees and applicable taxes per transaction as a corporate expense.

I agree to the Terms and Conditions above:

Final Step: Please visit our website to pay the enrollment fee & activate your navancorp PHSP!

