HSA/COST PLUS ELIGIBILITY WORKSHEET

innovative benefits
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claims@innovativebenefits.ca

Company/Business name: _____

Company E-mail: _____

Company Address: _____

Company Phone Number: _____

Plan Administrator Name: _____

B. **Fiscal year-end:** _____ (month)

C. **Principles/Directors:** List names of all principles and/or directors who would participate in this plan.
(must also be active in the day to day operations of the business)

_____ _____

_____ _____

D. **Are there any full-time, permanent employees who are at arm's length (not related) to the directors?**
☐ YES ☐ NO

- If NO, proceed to set up an Innovative Benefits **"corporate cost plus"** plan.
- If YES, please let us know:
  1. How many non-related employees are there?_____
  2. Does this business already have a benefit program in place for the remaining employees
     ☐ YES ☐ NO

E. **1) If you answered "Yes" to question D-2 above:**
You are eligible for a standalone **"executive cost plus"** HSA plan. Upon implementation of your "executive cost plus" plan, ask us how we can assist with additional cost saving strategies on your current Group Health & Dental plan.

2) If you answered "No" to question D-2 above:
You are eligible to set up a multi-tiered **"Health Spending Account"**, where your employees should be offered at least 10% of the amounts made available to the executives. *Often the tax savings from the executive plan will fully cover the company's expenditure for the employee's HSA.*

F. **Type of plan you are eligible for:** _____

Cost Plus, annual limit:
Default is $15,000 for Professional Corporations & $10,000 for active incorporated businesses, unless otherwise stated.
Plan limits should not exceed approximately 15% of the individual's total compensation or payroll of the business.

Participant's Name	Occupation	DOB (m/d/yyyy)	# of eligible dependents