

PRIVATE HEALTH SERVICE PLAN-ADMINISTRATION AGREEMENT**Plan Administrator:** Innovative Benefits Inc.**Policyholder:** _____**Insured:** The employees of the Policyholder and their eligible dependents as determined by the Policyholder.**Monthly Premiums:** (___) N/A-Cost Plus (Pay as you go) or (___) \$____.00 per month (check one)**Claims admin fee:** 8% of all eligible claims + GST (charged on admin fee only)
(_____ referral discount)**Initial Set-up Fee:** \$150.00**Term:** The agreement will commence on the effective date and continue for a one year period. This agreement shall be automatically renewed for successive one-year periods thereafter unless either party sends to the other a written notice of non-renewal at least 30 days prior to the date of commencement of each renewal term.**Plan Start Date:** The Administrator and the Policyholder agree to establish and administer the Private Health Service Plan on the terms specified below, effective as of _____, with a renewal date of _____. The renewal date must coincide with either the calendar year (HSA) or the policy holder's fiscal year (Cost Plus) for accounting purposes.**Claim Run-off period:** _____ days (default 30 days)

The parties hereto have executed this Agreement of five (5) pages in total to be effective as of the date and year first above written.

ADMINISTRATOR:**POLICYHOLDER**_____
I.B. Signature_____
Signature

Policyholder fiscal year end: _____



PLAN DESIGN INSTRUCTIONS

Plan Holder (Employer) Name: _____
 Contact Person: _____
 Mailing Address: _____
 e-mail: _____
 Carry Forward: (check one) Claims Un-used Amounts None

LEVEL ONE

Classification: _____
 Annual Amount of Coverage*: _____
 Exclusions: _____
 Waiting Period: _____
 Pro-Rated: Yes No
If Yes: Monthly Quarterly Semi-Annual
 Maternity: Yes No
 Leaves of absence: Yes No

LEVEL TWO

Classification: _____
 Annual Amount of Coverage*: _____
 Exclusions: _____
 Waiting Period: _____
 Pro-Rated: Yes No
If Yes: Monthly Quarterly Semi-Annual
 Maternity: Yes No
 Leaves of absence: Yes No

LEVEL THREE

Classification: _____
 Annual Amount of Coverage*: _____
 Exclusions: _____
 Waiting Period: _____
 Pro-Rated: Yes No
If Yes: Monthly Quarterly Semi-Annual
 Maternity: Yes No
 Leaves of absence: Yes No

**Annual limits based on calendar year*

For any inquiries, questions, or help, please contact us at 1-866-448-0783

Signature

Name & Title

Date

PRIVATE HEALTH SERVICE PLAN-ADMINISTRATION AGREEMENT**BETWEEN:****Innovative Benefits Inc., of Edmonton Alberta****And:** _____**(The Policyholder)****WHEREAS:**

- The Policyholder agrees to establish and maintain within each of its employees' contract of employment an agreement to reimburse qualifying medical expenses of the employee and their eligible dependents to the plan administrator per the conditions of this agreement.
- The Policyholder has established a Private Health Service Plan, for its employees and their dependents & Innovative Benefits Inc. is engaged in the business of providing Private Health Service Plan Administration.

1. COVERAGE:

The Plan covers all hospital, medical and dental expenses of the Insured ("Claims") that qualify as such expenses under The Income Tax Act of Canada ("ITA") and are not prohibited by law.

2. CLAIMS AND FEE PAYMENT:

Upon receipt of an eligible claim, the Administrator shall issue payment for the Claim by cheque. Directly to the individual Insured and shall provide notification of such payment to the Policyholder. The Administrator may deduct the Fee from the Contributions at the time the cheque for the claim is issued.

3. REPORTING :

Within 30 days of the end of each calendar year or within 30 days of termination pursuant to Paragraph 7, the Administrator shall provide a report, effective as of December 31 or at the date of the termination respectively which reconciles the Contributions received, Claims received and paid and the Fee paid. Any positive principal balance remaining from the Contributions at the calendar year end or on termination shall be paid to the Policyholder. Any negative principal balance, together with any accrued but unpaid Fee shall be paid by the Policyholder to the Administrator.

RESPONSIBILITIES OF INNOVATIVE BENEFITS INC

Innovative Benefits Inc. shall provide the following services to the Employer:

1. Innovative Benefits Inc. will provide consultation to the Employer with regard to requirements to establish the plan for its employees.
2. Innovative Benefits Inc. will assist the Employer with implementing the plan.
3. Innovative Benefits Inc. will administer and manage the plan on an ongoing basis.
4. Administration of the plan will include but not be limited to the following:
 - I. Establishing Accounts for eligible Employees, as authorized by the employer.
 - II. Confirming that claims meet CRA eligibility requirements.
 - III. Monitoring all accounts to ensure account maximums are not exceeded.
 - IV. Establishing client reporting procedures.
 - V. Processing carry forward elections if applicable on year end account balances.
 - VI. Processing and paying claims from accounts.
5. Innovative Benefits Inc. will follow the guidelines and procedures set forth by respective Provincial Health Information Acts and the Federal Freedom of Information and Privacy Protection Act.
6. Innovative Benefits Inc. will be entitled to all interest earned on temporary account funds.
7. Innovative Benefits Inc. shall monitor and report the Employer's account funds to the Employer's designated plan administrator from time to time as agreed upon by the employer and Innovative Benefits Inc.

RESPONSIBILITIES OF THE POLICYHOLDER

1. The Policyholder will ensure that the plan remains funded as outlined in the Plan Design Instruction form, in a manner necessary to meet its obligations to its employees and Innovative Benefits Inc. In the event that the employer fails to fund the plan as required, Innovative Benefits Inc. is under no obligation to, and at its own discretion may not pay claims submitted by the employees.
2. The Policyholder shall provide Innovative Benefits Inc. with a current record of all eligible employees and dependents covered under the plan.
3. The Policyholder shall notify Innovative Benefits Inc. immediately about any changes affecting the eligibility of employees and/or their dependents.
4. The Policyholder shall maintain a registry of all eligible employees signifying which employees are participating in the plan and which employees are opting out.
5. The Policyholder authorizes Innovative Benefits Inc. to apply payments from the Policyholder's account in settlement of eligible benefits payable to employees under the plan and settlement of administration fees due to Innovative Benefits Inc., and to make adjustments to accounts to comply with the specified plan particulars.

OTHER TERMS

1. Innovative Benefits Inc. shall not be liable in the event that it has paid a benefit for which an employee was not eligible because the Employer failed to supply Innovative Benefits Inc. with timely or accurate information.
2. This agreement can be terminated by either party upon providing written notice to, and agreement of the other party. Termination of this agreement constitutes termination of the plan and must take place on a renewal date.
3. In the event this agreement is terminated, Innovative Benefits Inc. shall have no obligations under the plan beyond paying claims incurred prior to and including the date of termination. The Employer shall be required to fund its obligations under this agreement, including fees and applicable taxes due to the administrator, up to and including the date of termination.
4. This agreement, together with the Employee Enrolment Forms and the Plan Design Form, constitutes the entire agreement.
5. The administration fee as defined in this agreement will remain consistent throughout the duration of the administrative relationship between the Employer and Innovative Benefits Inc.
6. In addition, Federal and Provincial sales taxes will be levied on fees when applicable.

INNOVATIVE BENEFITS INC.:

Innovative Benefits Inc. does its' best to ensure that any claims processed are eligible expenses based on Canada Revenue Agency (CRA) criteria. However, we cannot guarantee the tax effectiveness of benefits received as a result of any reimbursements made by Innovative Benefits Inc.

Innovative Benefits Inc., its' Employees, Directors, and Representatives will not be held liable for any adverse decisions made by the CRA regarding benefits received directly or indirectly through any plans administered by Innovative Benefits Inc. on behalf of its' customers.

Innovative Benefits Inc. does not provide tax advice, and highly recommends to its' customers and prospective customers that they seek proper tax advice from their independent Tax Advisors prior to establishing any plans administered by Innovative Benefits Inc.

Policyholder authorization:

I, _____ an authorized representative of the employer, hereby confirm that all enrolled employees and their eligible dependents are eligible under terms of the employee health care plan and that the employee is entitled to be reimbursed for eligible medical and dental expenses. The undersigned agrees to notify Innovative Benefits Inc. of any changes to the plan initiated by the employer.

Signed at _____ this _____ day of _____, 20____.

day
Month
Year

Policyholder authorization signature: _____

Name & Title _____ / _____