



**Diversified Insurance Services Ltd.**

“Diversified”

**MY BENEFITS PLUS+ PRIVATE HEALTH SERVICES PLAN**

Fully Customizable, Easy, Flexible and 100% Tax Deductible

**ADMINISTRATIVE SERVICE AGREEMENT**

**Diversified Insurance Services Ltd.** 502 2903 Kingsview Blvd SE Airdrie, AB T4A 0C4

Phone: 403-945-8885 Fax: 1-866-692-9109

-and-

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“The Employer”

Business address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Whereas** the Employer intends to establish a Private Health Services Plan for its employees and their dependents (collectively known as the “Employees”) in accordance with this Agreement and the attached Fee and Application documents (collectively known as the “Plan”) and

**Whereas** Diversified Insurance Services Ltd. is engaged in the business of offering to the public administrative services of Private Health Services Plans:

**THIS FORMAL AGREEMENT** comprised of the following covenants and agreements contained within, and other valuable consideration, the sufficiency of which is acknowledged, the parties do hereby covenant and agree to the following:

### **Diversified Insurance Services Ltd. covenants**

1. **Diversified** will provide assistance and consultation to the Employer to establish a Plan for its Employees.
2. **Diversified** will assist the Employer with the implementation of a Plan.
3. **Diversified** will act as the sole administrator of the Plan.
4. The following administrative services will be provided, but not limited to:
  - a) Providing accounts for the eligible Employees.
  - b) Confirming that claims submitted under the Plan adhere to eligibility requirements.
  - c) Monitoring Employee claims to ensure that account limits are not exceeded.
  - d) Providing Employer claim reporting procedures.
  - e) Process and distribute claims for Employees accounts.
  - f) Providing third party arbitration regarding contestable claims between Employees and the Employer.
5. Upon receiving a claim report along with associated premiums and fees, **Diversified** shall pay to the relevant Employee the amount of claim, which the relevant Employee is entitled as established within the Plan.
6. **Diversified** shall hold all funds received from the Employer within a Trust Account for the purposes expressed within this Plan. Any and all interest earned within the Trust Account shall be to the benefit of **Diversified**.

### **Employer covenants**

1. Benefit limits within the Plan are based upon a calendar year (January 1 – December 31).
2. The Employer will ensure the Plan is fully funded as outlined in the Fee document attached and as per the limits provided to each class of Employee, to the benefit of its Employees and to **Diversified**. In the event the Employer fails to fully fund the Plan as agreed, **Diversified** is under no obligation to, and will not pay out claims reported by the Employees.
3. The Employer shall immediately provide **Diversified** with a current schedule of all eligible Employees to be covered under the Plan.
4. The Employer shall provide **Diversified** in writing of any changes to the schedule of eligible Employees, including deletions and additions of Employees. Such notice shall be received no later than 10 days from any such deletion or addition.

5. The Employer is obligated and will provide **Diversified** with all information required and requested to ensure compliance of the Plan with the Income Tax Act (Canada).

#### **Additional general covenants**

1. The Plan shall remain on file with **Diversified** and forms part of this agreement.
2. The Employer hereby authorizes **Diversified** to apply payments from the Trust Account to settle eligible claims reported by eligible Employees within the Plan; and to apply payment due to **Diversified** as per the Fee schedule; and to adjust accounts to comply with the Fee schedule attached.
3. **Diversified** shall not be held liable in the event it has paid a benefit to an Employee for which an Employee was not eligible because the Employer failed to supply **Diversified** with the information required as set out under Employer Covenants
4. This agreement can be terminated by either party, but only by delivery of such notice in writing to the office of the other party. Termination of this agreement constitutes termination of the Plan.
5. Upon termination of the Plan, **Diversified** shall have no further obligations beyond paying reported claims incurred prior to and including the date of termination. The Employer is required to fund its obligations as set out as part of this agreement, up to and including the termination date.
6. In the event the Plan has had no activity for a period of 24 months, **Diversified** may terminate this agreement by notice in writing to the Employers address.
7. No other party has authority to waive, make, or modify any condition or restriction contained herein, or to bind **Diversified** by making any statement, representation, or promise or by giving or receiving of any information.



## FEE SCHEDULE

### Employer Fees:

1. Set-up Fee: \$150.00 or Waived by \_\_\_\_\_

GST: No Charge at present

Amount due to start Plan: \$150.00

2. Administration Fees on expenses incurred & submitted is 7.5%

3. With each submitted Employee Claim Form, the Employer shall include their contribution to the Plan, an amount equal to the original claim submitted plus the Administration Fee and original receipts.

4. Minimum Administration Fee per Employee Claim Form is \$37.50

5. No annual renewal fees.

6. GST may be charged in the future.

### Agreement Acceptance:

It is hereby agreed, the terms of this agreement have been read and are understood by the Employer and that the agreed set up Fee and Fee schedule attached are accepted.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Signature of Authorized Employer

\_\_\_\_\_  
Name & Position of Authorized Employer

\_\_\_\_\_  
Arnie Bencharski, President  
Diversified Insurance Services Ltd.

## ELIGIBLE EMPLOYEES

Following is a list of Employees eligible to participate in the **Diversified Plan**

as of this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Dependents of Employees are also eligible to receive benefits under the Plan.

- A Dependent means:
- a) Your spouse, legal or common-law
  - b) Your unmarried children under the age of 21
  - c) Your children under age 25 if they are full time students.
  - d) Your children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder began prior to age 21, or while they are students prior to age 25.

Employee Name	Employee Classification	Date of Birth	Gender
_____	_____	_____	_____

Home Address

\_\_\_\_\_

Employee Phone #	Email
_____	_____

Name of Dependent	Relationship	Date of Birth
_____	_____	_____

Name of Dependent	Relationship	Date of Birth
_____	_____	_____

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