



855 Arcola Avenue, Regina SK S4N 0S9  
Telephone: (306) 910-7505, Email: info@brightbenefits.ca

**APPLICATION FOR REGISTRATION**

- New Registration
- Employee Registration
- Record Update

**Company Information**

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Company Name: \_\_\_\_\_ Year End: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

To Enroll in the plan please complete **SECTION ONE** and have employer complete **SECTION TWO**

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Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**List of dependents: Please list all dependents that will be covered under this plan (Use Extra sheet if required)**

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent(s) are defined as :

1. A spouse who is either legally married to or living common-law with the employee and is publically represented as the employee's partner.
2. any financially dependent member of the employee's household with whom the employee is connected by blood relationship, marriage or adoption.

**Employee Declaration:** I wish to participate in the **Private Health Services Plan** provided by Bright Benefits Ltd and the above information is correct.

**Employer Declaration:** I hereby confirm that the employee mentioned above is an eligible employee.

\_\_\_\_\_  
**(Employer Signature/Approval)**

\_\_\_\_\_  
**(Employee Signature)**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Terms and Condition

**BETWEEN:** Bright Benefits Ltd. of 855 Arcola Avenue, Regina Saskatchewan S4N 0S9 (hereinafter called "Bright Benefits")  
~~--and--~~

Your Company / Business name as defined in the electronic sign-up form

## **WHEREAS:**

The employer has established a Health Spending Account, and other products (collectively, the "Plan") for its sole employee and his or her dependants, a summary of which will be provided by Bright Benefits to the employee and the dependants.

## **Bright Benefits and the Employer hereby agree as follows: Responsibilities of Bright Benefits**

### **Bright Benefits shall provide the following services to the Employer:**

Bright Benefits will provide online information services to the Employer with regard to requirements to establish the Plan for its employee and his or her dependants and will assist the Employer with implementing the Plan electronically.

Bright Benefits will administer and manage the Plan electronically on an ongoing basis.

### **Electronic administration of the Plan will include but not be limited to the following:**

- Establishing Accounts for the eligible employee and dependants, as authorized by the Employer.
- Confirming online that claims meet eligibility requirements through random audits.
- Monitoring claim pool to ensure account maximums are not exceeded.
- Establishing client reporting procedures electronically.
- Processing elections on year end account balances, if so directed by the Employer.
- Processing claims from the employee and the dependants.

Bright Benefits will follow the guidelines and procedure manuals set forth by respective Provincial Health Information Acts and the Federal Freedom of Information and Privacy Protection Act.

Bright Benefits will be entitled to all interest earned on temporary account funds.

## **Responsibilities of the Employer**

The Employer will ensure that the Plan remains funded, in a manner necessary to meet its obligations to the employee (and the dependants) and Bright Benefits. In the event that the Employer fails to fund the Plan as required, Bright Benefits is under no obligation to, and will not pay out claims submitted by the employee or the dependants.

The Employer shall provide Bright Benefits with a current record of the eligible employee and dependants covered under the Plan.

## **Welcome To Help Surety Conditions**

The Employer shall notify Bright Benefits immediately about changes affecting the eligibility of any employee and/or dependants in a manner that is satisfactory to Bright Benefits

## **Other Terms**

The Employer authorizes Bright Benefits to apply payments from the Employer's account in settlement of eligible benefits of the employee and the dependants under the Plan.

Bright Benefits shall not be liable in the event that it has paid a benefit for which an employee or dependent was not eligible because the Employer failed to supply Bright Benefits with timely or accurate information in a manner satisfactory to Bright Benefits

The Employer agrees to pay Bright Benefits a registration fees of \$199 and 8% processing fees for each claim. (Bright Benefits reserves the right to increase the processing fee of claims upon providing the Employer with at least 30 days' notice).

This Agreement shall automatically renew on each subsequent anniversary date for successive one-year terms, unless the Employer provides Bright Benefits with written notice at least 30 days prior to the end of the term, advising that the Employer does not intend to renew this Agreement.

This agreement may be terminated immediately by either party upon written notice to the offices of the other party.

Termination of this agreement constitutes termination of the Plan. In the event this Agreement is terminated by the Employer within 10 days from the effective date of this Agreement, and no claims have been made under the Plan, Bright Benefits agrees to refund the registration fee paid by the Employer.

In the event this agreement is terminated, Bright Benefits shall have no obligations under the Plan.

This agreement, together with the electronic Employee sign-up form and the electronic Employer sign-up form for the Plan, constitutes the entire agreement.

The Employer agrees that all claims must be made in the Plan Year. For the purposes of this Agreement, Plan Year shall mean the 364-day period following the effective date of the Plan.

The parties hereto consent and agree to communicate with each other electronically. In addition, Federal and Provincial sales taxes will be levied on fees when applicable.