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Plan Number: _____ **Company Name:** _____

(CHECK ONE)

- Creating a Class (please see chart 2)
- Change a Class Yearly Maximum
- Change Employee Classification (i.e. moving from one class to another)
- Termination of Employees - (just employer signature required)

CHART 1- Change of Employee Classification, Class Yearly Maximum or Termination

Employee Last Name	Employee First Name	Changing to another class? Y/N	Changing Class Yearly Maximum (\$) Y/N	Termination-Effective Date	Class Name

CHART 2- Creating a Class- All members in a class must have the same Yearly Maximum.

Class Name (for example, Executive, Senior Management, Full-Time, Part-Time, etc.)	Employee Last Name	Employee First Name	Effective Date	Class Yearly Maximum (\$)

AUTHORIZATION and CERTIFICATION

Please fill in all areas and sign the completed form. Incomplete or incorrect forms will be returned and / or rejected and will result in a delay in processing. I authorize the release of the above information and records submitted to BeneCo, my employer and my employer's plan administrator or their agents. I certify that the information given is true to the best of my knowledge.

I certify that any claims I submit are for legitimate medical or dental expenses incurred by myself and / or my dependents. Further it is agreed and understood that the any submission will adhere to the guidelines of Canada Revenue Agency (CRA) regarding acceptable medical or dental expenses (IT Bulletin 519R2). At no time in the future will I or my dependents hold BeneCo and / or my employer responsible for those expenses disallowed by CRA. I agree to reimburse BeneCo and / or my employer for any such disallowed expenses.

Employer Signature *(signature required by employer)* **Date** *(please date)*