Health Benefit Plan (HBP) Authorization Form

Building your future

YOUR INFORMATION

NAME	COMPANY

TELEPHONE	FAX

EMAIL	GBL REPRESENTATIVE

SPONSORING COMPANY

FULL LEGAL NAME

ADDRESS	CITY & PROVINCE	POSTAL CODE

TELEPHONE	FAX	PROVINCE OF INCORPORATION

SIGNING OFFICER NAME	TITLE

DATE OF INCORPORATION (DD/MM/YY)	CORPORATE YEAR END (DD/MM)

COMPANY DIRECTORS*

*If company has more than four members on its Board of Directors please select one individual to sign on behalf of the Board.

HEALTH BENEFIT PLAN INFORMATION

HEALTH BENEFIT PLAN ADMINISTRATOR**	Number of Classes (Employee Categories) to be included in the HBP:

**This individual will receive, approve and process claims between the Company and the HBP bank account

EMPLOYEE CLASS	RATE OF REIMBURSEMENT (%)	ANNUAL MAXIMUM ($) (Up to a maximum of $20,000)
Class A		
Class B		
Class C		
Class D		

Health Benefit Plan (HBP)
Authorization Form

WHERE SHOULD WE SEND THE HBP DOCUMENTS?

CONTACT NAME

ADDRESS STREET | CITY | PROVINCE

POSTAL CODE | PHONE

AUTHORIZATION

I, understand that documents will be issued only after

the invoice has been paid. The invoice is $1,500.00 plus applicable taxes. I also certify that the information presented above is accurate and correct to the best of my knowledge. The HBP documents will be produced using the above information and any changes and/or corrections made after this Document Information sheet has been submitted to Gordon B. Lang & Associates Inc. may incur an additional Administration fee.

Any liability of Gordon B. Lang & Associates Inc. in connection with the services provided shall be limited to direct losses the client suffers as a result of the negligence and/or errors or omissions of Gordon B. Lang & Associates Inc. and in any event shall not exceed the fees charged by Gordon B. Lang & Associates Inc. with respect to the establishment of this Health Benefit Plan.

SIGNATURE

WITNESS

DATE (DD/MM/YYYY)

Building your future

5720 - 4th Street SE, Suite 130
Calgary, Alberta T2H 1K7
Toll Free: (877) 249-2999
Phone: (403) 249-1820
Email info@gblinc.ca

121 Richmond St West, Suite 503
Toronto, Ontario M5H 2K1
Toll Free: (888) 941-9829
Phone: (416) 941-9829
www.gblinc.ca