



AccertaClaim Servcorp Inc.

MedEx Benefits Consultants

2000 Argentia Road, Plaza Four Suite 110 Mississauga, ON L5N 1W1 Phone: 905-826-5122 Fax: 905-821-8575



AccertaChoice (Plus) Plan Sponsor Agreement

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone # () ____-____ Fax # () ____-____ Email _____

Contact Name: _____

Referred By: _____

Effective Date: _____

Product Type

- AccertaChoice (Pre-paid) AccertaChoice (Pay Per Use)
- Or**
- AccertaChoice *Plus* (Pre-paid) AccertaChoice *Plus* (Pay Per Use)

Class	Eligible Participants	Member Counts	Annual Maximum	Percent Co-Payment	Services Covered				Option	
					Dental	Vision	EHC	Prescription Drugs	Travel & Stop Loss	
									Family Count	Single Count
A										
B										
C										
D										

Signature: _____ Date: _____

Send Contract to Company Broker

- Set up Fee \$200 (plus applicable taxes): \$234.00 (non-refundable)
- Deposit (3 months plus applicable taxes): \$
- Travel and Stop Loss Annual Premium (Optional for Group) (Plus RST 8%): \$
- GST # 882482615

Enclosed Cheque # _____

Note: * Complete Plan Sponsor Enrolment Form