



AccertaClaim Servcorp Inc.

MedEx Benefits Consultants

23 Neuchatel Place
Mississauga, ON L5N 6A7
Phone: 416-998-4639



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

AccertaChoicePlus (Pre-paid) [] AccertaChoicePlus (Pay Per Use) []

Table with columns: Class, Eligible Participants, Member Counts, Annual Maximum, Percent Co-Payment, Services Covered (Dental, Vision, EHC, Prescription Drugs), Option (Travel & Stop Loss, Family Count, Single Count). Rows A, B, C, D.

Signature: _____ Date: _____

Send Contract to [] Company [] Broker

- Set up Fee \$200 (plus applicable taxes): \$230.00 (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