



**A “Private Health Services Plan”** (Canadian residents only)

**To become a client of the ud+hc, a bona fide alternative benefits plan based on the concept of the Private Health Services Plan with optional insurance benefits**

Please complete the information on the form below. ud+hc plan is only able to issue your Contract in a prompt manner with all the relevant information filled in.

Please complete the information with the business name and address on the actual first page of the “Abbreviated Contract”.

Please sign the Application on Page [ 4 ]

The reason we ask for your SIN number is that the ud+hc Plan is providing an income tax deduction through the Private Health Services Health Plan.

Please indicate if you do not want the:  Out of Province//Out of Country Emergency Travel

Please make your cheque payable to – ud+hc/H&W Trust .

For questions regarding marketing ud+hc contact:  
Delta Pacific Benefit Brokers Ltd., 300 - 6935 - 120th Street, Delta, BC V4E 2A8  
Phone 604-590-0680 Fax: 604-590-0617 email: andy@delsure.com (broker inquiries welcome)

For questions regarding the administration of ud+hc plan contact:  
Pacific Rim Administration Services Ltd. #6-1680 Gilmore Avenue Burnaby BC V5C 4T3  
Phone (604) 293-1974 Fax: (604) 293-0344 email: ppdp@direct.ca

**Enrolment Card Personal Information**

Participant (company or business)		Business phone		
Business address		Fax / email		
		Residential phone		
Last name	First name	Initials	Title	
S.I.N.	Date of Birth (M/D/Y)	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female		
List dependents (spouse then eldest child first) (M) = Male (F) = Female (S) = Spouse (O) = (Blood relationship – parent, grandparent etc. or common-law)				
Last name	First name	Sex (M/F)	Relationship (spouse/other)	Date of birth (M/D/Y)
1				
2				
3				
4				
5				
6				
7				
8				
Occupation:		Broker;		
Beneficiary Designation:				

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## universal dental + healthcare plan

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Details regarding Canada Customs & Revenue Agency limits and expenses will be outlined in the ID booklet or attachments to the “Abbreviated Contract”. The Master Contract can be reviewed at the offices of Pacific Rim Administration Services Ltd. A contract with all schedules can be forwarded to the Participant, or can be requested from your Authorized Broker.

**Broker for this Contract:** \_\_\_\_\_

### Application for a PHSP Contract

**Whereas the Private Health Services Plan** was initiated in 1976 for incorporated companies. Subsequent Interpretation Bulletin(s) IT 339 1983 and 339 R2 1989 outline the Discussion and Interpretation guidelines covered in the Master Contract of the universal dental + healthcare Plan which states:

-Paraphrased-

Contributions made by an employer to or under a private health services plan on behalf of an employee are excluded from the employee’s income from an office or employment. On the other hand, an amount paid by an employee as a premium contribution to a private health services plan qualifies as a medical expense for the medical expense tax credit.

The amounts paid must be for one or more of:

- a) the employee
- b) the employee’s spouse and
- c) any member of the employee’s household with whom the employee is connected by blood relationship, marriage or adoption.

The private health services plan is to cover medical expenses, hospital expenses and dental expenses outlined in the **Canada Customs and Revenue Agency** guidelines or Taxation Act.

Consideration for coverage is deemed cash premium for insurance coverage, or “cost plus” contributions or other considerations outlined in a collective agreement or contract.

**Whereas the Private Health Services Plan** was altered in the **1998 Budget Speech** to include sole proprietors, self-employed contractors, and unincorporated businesses. There are specific limits with regard to the deductible amounts that each business must follow. In Section ITA 20.01 (1) the outline of limits and guidelines for non-incorporated employers with employees are given. There are other proposals regarding this new privilege such as:

- a) who qualifies to provide a PHSP for non-incorporated businesses
- b) an element of insurance may have to be included
- c) the plan has to be offered to every employee

The contributions made on behalf of the employees must be paid for medical, hospitalization and dental expenses only, which must include the costs of any such plan.

**Whereas the Private Health Services Plan** is now an alternative method for all Canadian businesses to contribute on behalf of employees for their medical, hospital and dental care, which are non-taxable benefits.

**Now universal dental + healthcare** offers the contractual services of **Pacific Rim Administration Services Ltd.**, for the above plan. An Abbreviated Contract shall be sent to each “Applicant” upon receiving this signed Application with a deposit cheque. The terms as outlined by the authorized broker are in this Abbreviated Contract. In this Application, Contract and Schedules the “Participant” shall mean the Employer or Contract Holder.



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The adjudication fees relating to this Plan are based on **15% of Claims**. The debits that shall apply to the “Participant’s” trust account are the one time only start-up costs, the claims, the 15% adjudication fee, the fixed costs explained below; and any other premium insurance costs, offered by the Administrator and accepted by the “Participant” .

It is understood that the “**Participant’s**” contributions and premiums paid on a monthly basis are subject to certain fixed costs. The following are the normal fixed expenses that are debited from the “**Participants**” plan prior to the payments of claims and adjudication expenses.

<b>Married Employee</b>	<b>Benefits</b>	Fixed (a)	Fixed (b)
Monthly Administration Fee	Invoices, Quarterly Statements & GST	\$ 2.50	\$ 2.50
Monthly Travel	Out of Province/Out of Country	\$ 6.50	\$ 6.50
Monthly Re-Insurance	Hospital & Extended Health	\$ 4.15	\$ 3.95
	Deductible (a) \$3,000.00 (b) \$4,500		
		<b>Total: \$13.15</b>	<b>\$12.95</b>
<b>Single Employee</b>	<b>Benefits</b>	Fixed (a)	Fixed (b)
Monthly Administration Fee	Invoices, Quarterly Statements & GST	\$ 2.50	\$ 2.50
Monthly Travel	Out of Province/Out of Country	\$ 3.25	\$ 3.25
Monthly Re-Insurance	Hospital & Extended Health	\$ 2.00	\$ 1.90
	Deductible (a) \$3,000.00 (b) \$4,500		
		<b>Total: \$ 7.75</b>	<b>\$ 7.65</b>

The Out of Province/Out of Country premiums change from 65-69  
 After that special rates have to be requested  
 The Extended Health Benefit Plan Excess Re-Insurance ceases at age 69

**Pacific Rim Administration Services Ltd.**  
 and the  
**“Participant”**

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Broker or Agent (Witness Signature)

\_\_\_\_\_  
 Participant Employer (Authorized Signature)

\_\_\_\_\_  
 Broker or Agent (Please Print Name)

\_\_\_\_\_  
 Participant Employer and (Title)

\_\_\_\_\_  
 Broker or Agent (Name of Company)

\_\_\_\_\_  
 Participant Employer (Name of Company)

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Broker Requests or “Participant’s” amendments or request for coverage.

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Any changes to be made to this **Abbreviated Agreement** requested by the “**Participant**” shall be made in writing to the **Authorized Broker**: \_\_\_\_\_

or to the plan administration office address.

Any change in fees, costs, or deposits with regard to the **Abbreviated Agreement** or applicable Schedules, will be provided to the Authorized Broker by **Pacific Rim Administration Services Ltd.**, whose responsibility will be to forward these details to the “**Participant**”.

It is understood that if the “**Participant’s**” business is not being conducted through an incorporated company, the contributions made for the benefits of the dental and supplemental health plan, with regard to deductibility as a business expense shall be subject to the new Canada Customs and Revenue Agency guidelines presented in the 1998 and 1999 Federal Budget or subsequent Revenue Canada Interpretation Bulletins with respect to PHSP.

Request for Full Contract: Details

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Request additional enrolment cards:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

The Signed Application and Abbreviated Contract are deemed to form the Contractual agreement  
Between: **THE “PARTICIPANT” AND “PACIFIC RIM ADMINISTRATION SERVICES LTD.”**

The Master Contract can be viewed at the offices of PRAS Ltd. with regard to the precise text of the Contract &/or Schedules. A request for a copy of the Full Contract and Schedules by the “**Participant**” must be in writing.