



enVia

BENEFITS PROGRAM

enVia Health Spending Account



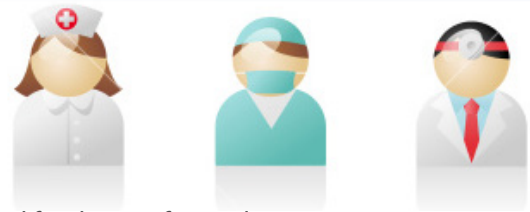
A revolutionary benefits program that's best for:

Self-employed Individuals, Incorporated Contractors, Small Business Owners, Retirees & Seniors, Families who have a Special Needs child.

With an enVia Health Spending Account, you'll enjoy a much broader range of claimable health & dental expenses - and freedom from the annual cost increases typical of traditional benefit plans - with no wasted premiums, deductibles or co-payments.

Key Features:

- **Much wider range of claimable expenses** with no wasted premiums - unused funds carry forward 1 year.
- Not a traditional insurance plan, rather a **tax-deductible "private health services plan"** allowing employers to write off employees' health & dental expenses.
- **MDM Pay-Direct Card included** for real-time claims payment.
- **Automatically includes "Excess Medical Insurance"** to cover any sudden, unanticipated expensive claims for prescription drugs, ambulance, assistive medical devices, durable medical equipment, hospital or home nursing (To qualify, employee must work at least 20 hours per week).
- **Includes AIG Special Risk AD&D Insurance, Travel Attaché Services & Employee Assistance Program.**



Includes Pay-Direct Drug & Dental Card



How does it work?

It's like a Health & Dental bank account - you make monthly/annual tax-deductible deposits, then use those funds for healthcare expenses.

What expenses does the enVia HSA cover?

The HSA opens up a whole new world of claimable expenses not covered under traditional plans, all with 100% reimbursement and no deductibles or co-pays!

Here are some sample expenses you can claim with the enVia HSA:

Acupuncture*	Contact Lenses**	Hydrotherapy**	Oxygen & Equipment	Therapy Equipment
Artificial Limbs	Contraceptive Devices**	Insulin & Diabetic Supplies	Physiotherapist	Vein Removal
Athletic Therapy*	Crowns & Bridgework	Laser Eye Surgery	Podiatrist	Viagra, Cialis, Levitra
Attendant Care	Dental Implants & Veneers	Naturopathic Products**	Prescription Drugs	Vitamins**
Birth Control Pills**	Dental Treatment	Occupational Therapist	Psychologist	Wheelchairs
Breast Reduction Surgery	Dentures	Optician	Psychotherapy*	X-rays
Chinese Medicine*	Dermatologist Fees***	Optometrist	Psychiatrist	& more****
Chiropractor	Fertility Treatments	Orthodontics / Dental Braces	Registered Masseur	
Chiroprapist	Gastric Bypass / Stapling	Orthopedic Shoes	Non-Cosmetic Skin Care***	

* Must be performed by a licensed medical practitioner;

** Must be prescribed by a licensed medical practitioner and dispensed by a licensed pharmacist / medical practitioner as part of their medical services;

*** Must be medically necessary;

**** As per Section 118.2 (2) of the Federal Income Tax Act and Income Tax Folio S1.F1.C1. Medical Expense Tax Credit.

Please email: info@envia.ca or call toll-free: 1-877-755-9670

Excess Medical Insurance is underwritten by Berkley Canada.

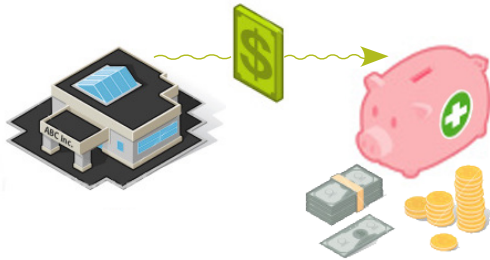
Key Concepts Explained

For most people, the **enVia Health Spending Account** represents a new way of covering your Health & Dental Expenses. Please review the following key points to learn how this program is different from a traditional group insurance plan. We're happy to answer any questions you may have - please contact us as indicated below if you need more information!

A How the enVia Health Spending Account (HSA) works:

1 First, the Employer (or you, if self-employed or owner) determines an annual contribution amount per employee ranging from \$1,000 to \$50,000 or more.

2 Next, monthly employer contributions are deposited to individual employee accounts.



Date	Transaction Description	Amount		eHSA Balance
		Debit	Credit	
Jan 1	Initial Employer Contribution		\$125.00	\$125.00
Jan 6	Prescription Drug Claim	\$75.00		\$50.00
Feb 1	Monthly Employer Contribution		\$125.00	\$175.00
Feb 15	Massage Therapy Claim	\$60.00		\$115.00
Mar 1	Monthly Employer Contribution		\$125.00	\$240.00
Mar 12	Eyeglasses Claim	\$300.00		-\$60.00
Apr 1	Monthly Employer Contribution		\$125.00	\$65.00

3 Employee uses funds in HSA to pay for health & dental expenses. Current balance can be checked online 24/7.



4 Pay-direct Card used to pay for expenses where possible, otherwise employee submits paper receipt or photo for reimbursement.

5 Reimbursement is 100% with no deductible or co-pay. If current balance is less than submitted claim, reimbursement will be made once monthly contributions allow.

B What is Catastrophic Insurance & how does it work?

Your HSA automatically includes **\$1 million lifetime of Excess Medical Insurance**, underwritten by Berkley Canada, to provide an additional "umbrella of protection" in the event of a sudden serious illness or disease.

When would I use it?

Think of the HSA as covering your "everyday" or even elective health & dental expenses, and for most people it will be all you ever use. But, if through illness or injury, you suddenly had expenses for expensive prescription drugs, prosthetic devices, medical devices, hospital or home nursing, for example, then you could use your Excess Medical Insurance to cover the cost.

What does it cover?

Excess Medical Insurance covers the expenses noted above. It does not cover any dental expenses or elective medical expenses (however, many of these are claimable under the HSA).

Are there any limitations?

Yes, there are two limitations or conditions you should be aware of:

First, Excess Medical Insurance only "kicks in" once your claims for Drug, Hospital or Private Duty Nursing, etc. have exceeded a deductible of \$2,500 per person per calendar year.

Secondly, while no health evidence is required, **there is a 24 month waiting period for coverage of medications for pre-existing conditions.**

Note: these limitations apply **only** to the Excess Medical Insurance. **There is no deductible or waiting period for your HSA claims.**



C What happens to unused HSA contributions at year end?

Unused contributions from the first plan year are not lost – they carry forward to the second plan year, and if not used by the end of that plan year are forfeited back to the employer as per CRA rules.

The one exception to this is for Sole Proprietors, who Revenue Canada rules are not eligible to receive the forfeiture of unused HSA funds at the end of each second plan year. Instead, Sole Proprietors are limited by the Income Tax Act to deduct \$1,500 for themselves, \$1,500 for their spouse and \$750 / child from their business income as qualifying medical insurance premiums.

Accordingly, **Sole Proprietors with high medical or dental expenses should seriously consider the financial advantages of incorporation**, as there is no limit placed on contributions to a private health services plan.



D What if I already have benefit coverage through my spouse?

This is quite common, and the HSA actually works to your advantage when combined with any other group or individual coverage, because **you decide whether you wish claims to be claimed first against your HSA, or any other insured benefits** that you are also covered by, such as a spouse's program.

This flexibility is very useful, since **you can claim from your HSA any co-insurance amounts or deductibles** that you must pay out-of-pocket on the spouse's program.

enVia Health Spending Account

enVia Benefits Program

30 Kelfield Street, Toronto, ON, M9W 5A2

1-877-755-9670 toll-free

info@envia.ca | www.envia.ca



Health Spending Account INDIVIDUAL Application Form Employer Version

1 Your General Information

YOUR NAME LAST NAME FIRST NAME INITIAL			MARITAL STATUS <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> COMMON-LAW <input type="radio"/> OTHER _____		
DATE OF BIRTH (DD/MM/YYYY)	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	LANGUAGE <input type="radio"/> ENGLISH <input type="radio"/> FRENCH	PRIMARY OCCUPATION		HOURS PER WEEK (MINIMUM 20 HOURS)
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE		WORKPLACE TELEPHONE		FAX	
EMAIL ADDRESS		DATE OF HIRE (MM/DD/YYYY)	EMPLOYMENT STATUS <input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME		
EMPLOYER NAME	ADDRESS	CITY	PROVINCE	POSTAL CODE	

2 Your Dependent Information

Last Name	First Name & Initial	Sex (M/F)	Birthdate (DD/MM/YYYY)	Child Aged 21-25 (or 25+ if Disabled)
Spouse:				
Child:				<input type="radio"/> STUDENT <input type="radio"/> DISABLED
Child:				<input type="radio"/> STUDENT <input type="radio"/> DISABLED
Child:				<input type="radio"/> STUDENT <input type="radio"/> DISABLED
Child:				<input type="radio"/> STUDENT <input type="radio"/> DISABLED

If a Child is over age 21, state if a Student or Disabled. Students only covered up to age 25 and must provide proof of attendance at school (ie. a copy of their student card).

To maximize your HSA, claims should be submitted first to your spouse's benefit program, if applicable.

3 Your Health Spending Account (HSA) Coverage (includes Excess Medical Insurance)

1. Please indicate your level of coverage:
- Single
- Couple (can include a Single Parent with 1 child)
- Family

2. Annual HSA Contribution Amount:

Note: If you are completing the application as an employee, your contribution amount will have been pre-determined by your employer and the amount communicated to you.

Annual Employer Contribution Amount to HSA: \$ _____

AIG Special Risk Insurance Program (mandatory, automatically included):

Provides \$20,000 of Accidental Death & Dismemberment Insurance in Canada on a 24/7/365 basis, plus Attaché Services including Identity Theft Recovery Assistance.

4 Beneficiary Designation: (applies to AIG Special Risk Insurance)

REVOCABLE IRREVOCABLE

BENEFICIARY(IES) SURNAME(S), GIVEN NAME(S) & INITIAL(S) _____

RELATIONSHIP OF BENEFICIARY TO INSURED _____ **If beneficiary is under age of majority, please complete TRUSTEE section**

I, the undersigned applicant, hereby appoint the person(s) stated as my beneficiary(ies) on my current and future insurance benefits and understand that I may, without restriction, change my beneficiary at any time in the future.

Applicant's Signature **X** _____ **Date** _____

DECLARATION APPOINTING TRUSTEE (complete if beneficiary is under age of majority)

I do hereby appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority and declare receipt of such Trustee shall be in good discharge to the insurer for the amount so paid. And I hereby authorize such Trustee, within his/her discretion, to expend all or any portion of such amount and/or the income therefrom for the maintenance or education of such minor.

Dated at _____ **this** _____ **day of** _____ **20** _____

Applicant Signature _____

Workplace Options Employee & Family Assistance Program (mandatory, automatically included):

Provides up to 3 hrs/family member of confidential telephonic counselling by professionals for life/work issues & referral for ongoing requirements anywhere in the world.

5 Declaration & Authorization

This application is made in order to become a participant in the Individual Health Spending Account Program. I acknowledge that Personal Information collected with this Application for a Health Spending Account (including Excess Medical Insurance and Accidental Death & Dismemberment Insurance) is confidential and will not be used for any purpose other than in conjunction with this request for, and subsequent administration of, the health insurance protection that is afforded to Applicants, Spouses, and Dependent Children under this plan.

I understand that this application is for a Health Spending Account established in accordance with the Income Tax Act Interpretation Bulletins IT-529; IT-339R2 & Income Tax Folio S1-F1-C1 Medical Expense Tax Credit, and includes coverage for Excess Medical Insurance and Accidental Death & Dismemberment Insurance.

The Program is administered by a Third Party Administrator. The Program Administrator will not be liable for any claims where the participant failed to provide complete and accurate information.

I understand that claims must be submitted within 30 days of the end of a calendar year for the claims incurred in the prior year, and that unused funds carry forward for one year only and if not used then are forfeited to the contributing incorporated employer. The funds are held in a Trust Account by the Program Administrator and no interest is credited. Unused funds cannot be returned to individual participants (including sole proprietors) per CRA rules.

Berkley Canada (a W. R. Berkley Company) underwrites the Excess Medical Insurance. The Optional Travel Insurance is underwritten by Berkley Canada and administered by WTP Assist. The AIG Special Risk AD&D Insurance is underwritten by AIG Insurance Company of Canada.

This program may be terminated at anytime by either party on 30 days written notice. This Application/Enrolment form together with the participant booklet constitutes the entire Agreement. No Agent, Broker or other person has authority to waived any condition of this Agreement. Participants will be able claim up to the balance in their account at anytime and may access their account status online 24/7.

In the event at some future date it is necessary to transfer the Program administration to another TPA my signature below provides the necessary authority to have my personal information and that of my eligible dependents, our claim history, and remaining HSA account balance to the new Administrator without further written authorization.

Signed at: _____ this _____ day of _____, _____ Applicant's Signature **X**
CITY / TOWN PROVINCE DATE MONTH YEAR

Privacy & Confidentiality We protect our customers' confidential information. A combination of industry, legislated and our own corporate privacy and confidentiality requirements govern the level of detail shared about any plan member and his or her dependents' benefits. In terms of telephone inquiries to the Insurer's or the Plan Administrator's Customer Service Dept., the information provided varies based on the relationship of the person making the inquiry to the insured (e. g. plan administrator, plan member or dependent). After the caller has been screened for appropriate identification, only information pertaining to the specific claim or treatment in question is shared.

Mail or Fax your completed application to:

enVia Benefits Program
30 Kelfield Street
Toronto, ON M9W 5A2

Toll-free: 1-877-755-9670

Fax: 705-721-0352

E-mail: info@envia.ca



PRIVATE & CONFIDENTIAL

Pre-Existing / Chronic Condition Reporting Form for Excess Medical Insurance

Purpose: To report confidentially any chronic or pre-existing conditions, treatments or medications.

Why: While participants are immediately covered for any eligible newly diagnosed conditions, treatments or medications, there is a 24 month waiting period from your effective date of coverage for any pre-existing or chronic conditions before those expenses will be covered / reimbursed under the Excess Medical Insurance Policy. **THIS ONLY APPLIES TO THE EXCESS MEDICAL INSURANCE - YOUR HEALTH SPENDING ACCOUNT STILL ALLOWS YOU TO CLAIM ANY ELIGIBLE EXPENSE FROM DAY ONE.**

Scope: This form should be completed both for the applicant and any eligible dependents.

Will reporting a condition have any impact whether or not I get approved? No, the plan is offered on a guaranteed issue basis. Reporting a pre-existing or chronic condition here only allows the administrator to determine the date after which your current medications / treatments will be covered / reimbursed under the Excess Medical Insurance Policy.

What will happen if I fail to report a pre-existing or chronic condition? Failure to disclose pre-existing or chronic conditions may result in the rejection of certain drug / treatment claims and / or termination of all coverage.

Will my employer be made aware of any information on this form? No, this form is strictly confidential. The information provided will be kept confidential and will not be shared with your employer or any party other than the Insurer and the Administrator, MDM Insurance Services Inc., the provider of the Pay-Direct Card.

Name: _____ Employer: _____

Email: _____ Home Tel: _____ Work or Mobile Tel: _____

List Pre-Existing / Chronic Conditions	Medications being taken	Applies to (Self or Dependent's name)	Prescribing Physician's Name & Telephone Number

I certify the above information to be a full and complete disclosure of any and all of my or my dependent's pre-existing or chronic conditions of which I am currently aware and treatment has been received or counselled and/or for which medication or treatment has been prescribed or recommended. I agree that the Insurer or its Service Providers may, if necessary, contact my or my dependent's personal physician to determine the nature of a condition for which medication has been prescribed.

(Signed) (Date)

Please retain a copy for your records and mail the completed form directly to:

PRIVATE & CONFIDENTIAL
enVia Benefits Program
 MDM Insurance Services Inc.
 P.O. Box 970
 Guelph, ON N1H 6N1

Toll-free: 1 (800) 838-1531
Fax: (519) 836-4909
E-mail: inquiry@mdm-insurance.com

Or FAX this form to: (519) 836-4909

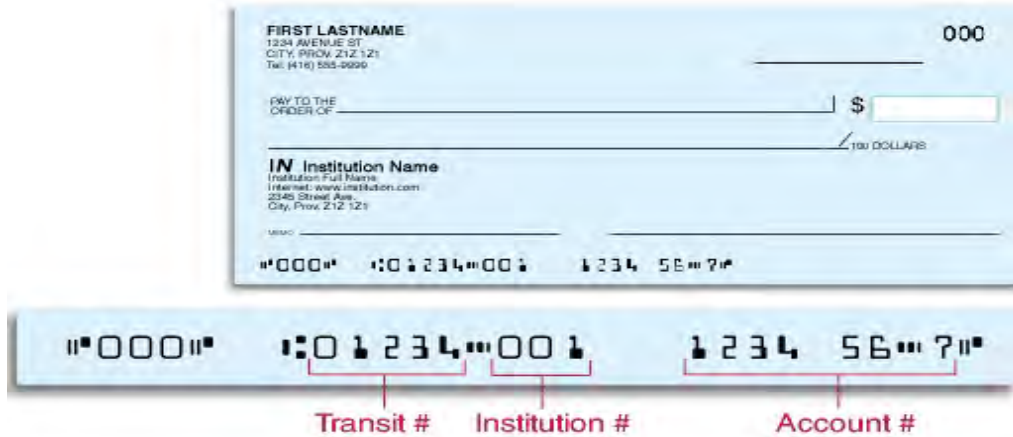


DIRECT DEPOSIT APPLICATION

Complete and return this form for direct deposit of claims payment and electronic delivery of your Explanation of Benefits. Please return this form to: MDM Insurance Services Inc., P.O. Box 970, Guelph, ON, N1H 6N1.

Privacy Statement
MDM Insurance Services Inc. ("MDM") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Employee/Member's Name:	
Group Policy Number:	
Name of Employer:	
Name of Financial Institution:	
Institution Number (3 digits):	
Transit (Branch) Number (5 digits):	
Account Number:	
E-mail Address:	
Employee/Member's Signature:	Date:



Providing our office with the above information, you as the account holder, are authorizing MDM Insurances Services Inc. and your financial institution to credit directly to your account your and your eligible dependents (if applicable) Extended Health Care, Dental, Health Spending Account and/or Weekly Indemnity claim payments; issue corresponding Explanation of Benefits (EOB) via e-mail to an address provided by yourself (if applicable); and assign a Personal Identification Number allowing exclusive access to your EOB messages on-line through the World Wide Web.