ONTARIO PHARMACISTS ASSOCIATION
Advocating Excellence in Practice and Care

Health Spending Account Agreement

Health Spending Account Calendar Year Family Maximum **$ 2000 per employee per calendar year**

Includes	Carry-Over Provision	☒ Yes
	If Yes, carry over	☒ Unused Amount *
	Termination Age	Earlier of retirement or the July 1st coinciding with or next following the attainment of age 70.

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* Unused Amount is the unused portion of the maximum that is not used within a calendar year. This amount can be carried forward to the subsequent calendar year. Any portion of this amount which remains unused at the end of the second calendar year will be forfeited. Claims for expenses during any calendar year must be submitted by March 31st of the following calendar year.

Please note: this agreement must be accompanied by an OPA Advantage Plus Enrollment Form for each employee covered. All employees of the same class must be covered.

Healthcare Spending Account Claims will include a 10% administration expense plus applicable taxes.

Taxes: 2% Premium Tax on Claims plus Expenses
8% RST on Claims only
13% HST on Expenses (Generally, this is fully refundable as input tax credits)

Authorization

The applicant is applying for a Health Spending Account for themselves and their employees. The applicant is responsible for the payment of all claims reimbursed plus administration expense and applicable taxes.

It is understood, upon termination of this plan, all claim payments will continue for an additional 30 days from the termination date of this plan for claims incurred prior to the termination date.

Dated at _____ this_____ day of _____ 20 _____.

_____ _____
Name of Authorized Person (Please Print) Authorized Signature

_____ _____
Name of Witness (Please Print) Signature of Witness