



SIG Inc.
Private Health Service Plans

ADMINISTRATIVE SERVICES AGREEMENT

BETWEEN: SIG Inc. of 4816 - 1st Street S.W., Calgary, Alberta T2G 0A2
(hereinafter called "SIG")
- and -

(hereinafter called "the Employer")

WHEREAS:

- (A) The Employer has established a Private Health Services Plan, a summary of which is included in this document, for its employees and their dependents (hereinafter called the Employee Health Care Plan) and
(B) SIG is engaged in the business of providing financial, administrative and trustee services;
NOW THEREFORE SIG and the Employer hereby agree as follows:

Responsibilities of SIG Inc.

SIG Inc. shall provide the following services to the Employer:

1. SIG Inc. will provide consultation to the Employer with regard to requirements to establish an Employee Health Care Plan for its employees.
2. SIG Inc. will assist the Employer with implementing the Employee Health Care Plan.
3. SIG Inc. will administer and manage the Employee Health Care Plan on an ongoing basis.
4. Administration of the Employee Health Care Plan will include but not be limited to the following:
 - a. Establishing Accounts for eligible Employees, as authorized by employer.
 - b. Confirming that claims meet eligibility requirements.
 - c. Monitoring claim pools to ensure account maximums are not exceeded.
 - d. Establishing client reporting procedures.
 - e. Processing elections on year end account balances.
 - f. Processing and distributing claims from accounts.
 - g. Arbitrating contestable claims between Employee and Employer.
5. SIG Inc. will follow the guidelines and procedure manuals set forth by respective Provincial Health Information Acts and the Federal Freedom of Information and Privacy Protection Act.
6. SIG Inc. will hold all monies received from the Employer in trust, which bears no interest to the employer.
7. SIG Inc. will be entitled to all interest earned on trust funds.

Responsibilities of the Employer

1. The Employer will ensure that the plan remains funded, as outlined in the attached Fee Schedule, in a manner necessary to meet its obligations to its employees and SIG Inc. In the event that the Employer fails to fund the plan as required, SIG Inc. is under no obligation to, and will not pay out claims submitted by the employees.
2. The Employer shall provide SIG Inc. with a current record of all eligible employees and dependents covered under the plan.
3. The Employer shall notify SIG Inc. immediately about changes affecting the eligibility of any employees and/or dependents in a manner that is satisfactory to SIG Inc.
4. The Employer shall maintain a registry of all eligible employees signifying which employees are participating in the Employee Health Care Plan and which employees are opting out.

Other Terms

1. The Employer authorized SIG Inc. to apply payments from the Employer's account in settlement of eligible benefits payable to employees under the Employee Health Care Plan and settlement of administration fees due to SIG Inc., and to make adjustments to accounts to comply with the Fee Schedule of this agreement.
2. SIG Inc. shall not be liable in the event that it has paid a benefit for which an employee was not eligible because the Employer failed to supply SIG Inc. with timely or accurate information in the manner satisfactory to SIG Inc.



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3. This agreement can be terminated immediately by either party upon written notice to the offices of the other party. Termination of this agreement constitutes termination of the Employee Health Care Plan.
In the event this agreement is terminated, SIG Inc. shall have no obligation under the Employee Health Care Plan beyond paying claims incurred prior and including the date of termination. The Employer shall be required to fund its obligations under this agreement, including fees and applicable taxes due to the administrator, up to and including the date of termination.
4. In the event that there has been no activity for a period of 30 consecutive months, SIG reserves the right to terminate this agreement by written notice mailed to the Employer's address.
5. This agreement, together with the Employee Enrollment Form and the Client Account Information File, copies of which are attached and made a part hereof, constitutes the entire agreement.
6. Time is of the essence in the agreement.
7. In addition, Federal and Provincial sales taxes will be levied on fees when applicable SIG Inc. G.S.T. Registration #13539 – 8030 RT 0001.
8. In the event that the actual number of eligible employees at start up should differ from the number indicated this schedule, an adjustment will be made to the employers account.
9. Each additional Employee subsequently added to the plan will be subject to a \$40.00 + G.S.T. set up fee. Employees dropped from the plan will be deleted at no charge.

Employer Fee Schedule Payable to SIG Inc.

1. Enrollment Fee – A ONE TIME enrollment fee as follows:

i	Base Fee	\$ 250.00
	Plus	
ii	\$25 for each participating employee (\$25 x ____ {# of employees})	_____
	Total	_____
	G.S.T. (5%)	_____
	Total Due	_____

2. **Administration Fees**

Calculated as 10% (plus G.S.T) of benefits paid out under the Employee Health Care Plan.

Special Instructions: _____

Recommended by: _____

TOGETHER WITH THE ENCLOSED PAYMENT OF \$ _____ PURSUANT TO THE SET UP FEE OUTLINED IN THE FEE SCHEDULE OF THIS AGREEMENT, AND IN WITNESS WHEREOF, the terms of this agreement are hereby accepted by the parties hereto this ____ day of the month of _____ 20 ____ at Calgary, Alberta.

Acknowledgement SIG Inc.

And Acceptance by:

By: _____
SIG Agent

Employer Signature