



Group Health & Dental

Toll Free in Nova Scotia: 1-800-566-5559 ~ Ph: 902-365-5166 ~ Fax: 902-365-5141
service@dcmbenefits.com

260 Main Street, Wolfville, Nova Scotia B4P 1C4

SERVICE – ADMINISTRATIVE AGREEMENT

Private Health Service Plan

Plan Administrator: Southwest Nova Insurance Group/DCM Benefits 260 Main Street, Wolfville, NS B4P 1C4

Policyholder: _____

Insured: The employees of the policyholder and their eligible dependents as determined by the Policyholder (the "Insured")
Monthly Contribution based on Administrator's fee of _____%

And if elected, Catastrophic Health and Out of Country Premium

Other Taxes: Where applicable, Goods and Service Tax (GST) and/or, Harmonized Sales Tax (HST) and/or
Provincial Sales Tax (PST) will be added to the Administrator's Fee

Term: The agreement will commence on the effective date and continue for a one year period. This agreement shall
be automatically renewed for successive one year periods thereafter unless either party sends to the other a
written notice of non-renewal at least 30 days prior to the date of commencement of each renewal term.

Other terms (if any): _____

Plan Start Date: The Administrator and the Policyholder agree to establish and administer the Private Health
Services Plan ("Plan") on the terms specified below, effective as of

Southwest Nova Insurance Group Inc. _____
DCM Benefits

Per: _____
Trevor Croteau

Per: _____

Broker: _____

Terms

- 1. COVERAGE:** The plan covers all hospital, medical and dental expenses of the Insured (“Claims”) that qualify as such expenses under The Income Tax Act of Canada (“ITA”) and are not prohibited by law.
- 2. POLICYHOLDER CONTRIBUTIONS:** The Policyholder shall immediately contribute the first Monthly Contribution to the Administrator and shall continue to contribute each Monthly Contribution on the first day of each month for as long as the Plan is in force. The Administrator, at its option and with reasonable notice, may require an increased Monthly Contribution or an additional payment(s) if; in its reasonable assessment such a payment(s) is necessary to fund its known or projected obligations including, without limitation, the payment Claims and the Fee. The Monthly Contribution and any additional payments by the Policyholder are herein sometimes collectively called the “Contributions”.

The Contributions shall be made payable to the Administrators corporation and will be deposited into the Administrator’s accounts to the credit of the Policyholder and be managed by the administrator until a payout is required under Paragraphs 4, 6, and 7 of this Agreement.
- 3. CLAIM APPROVAL AND SUBMISSION:** The Administrator, on receipt of a claim from an employee of the Policyholder, shall determine whether the claim is for an expense covered by the Plan.
- 4. CLAIMS AND FEE PAYMENT:** Upon receipt of an eligible claim, the Administrator shall issue payment for the Claim by cheque or auto banking deposit directly to the individual or designated vendor, and shall provide notification of such payment to the Policyholder as outlined in paragraph 6. The Administrator may deduct the Fee from the Contributions at the time the cheque for the Claim is issued. In the event of termination, the administrator is entitled to 100% of the annual fee, less whatever fees were deducted to the date of termination.
- 5. INSURER INDEMNITY:** Should the Policyholder request the Administrator to pay a Claim for which there are not sufficient Contributions on deposit to the Policyholder’s credit and should the Administrator agree, at its sole option, to make such payment, the Policyholder shall be liable for and indemnify and save harmless the Administrator from all manners of action, causes of action, damages or expenses whatsoever which maybe brought or made against the Administrator as a result of making such payment and to the Administrator for such payment and Fee.
- 6. REPORTING:** Within 30 days of the end of each calendar year or within 30 days of termination pursuant to Paragraph 7, the Administrator shall provide a report, effective as of December 31 or at the date of termination respectively which reconciles the Contributions received, Claims received and paid and the Fee paid. Any positive principal balance remaining from the Contributions on termination shall be paid to the Policyholder 30 days after termination. Any unused surplus shall be paid to the Policyholder within 30 days of the end of each calendar year, for those policy holders with more than one year’s reserve in the company cash balance account. Unused surplus is the amount in excess of one year’s reserve. Any negative principle balance, together with any accrued but unpaid Fee shall be paid by the Policyholder to the Administrator.
- 7. TERMINATION PRIOR TO THE TERM DATE:** The Administrator or Policyholder may terminate this Agreement on 30 calendar days written notice to the other at the address indicated. Thereafter the payment required by Paragraph 6 shall be made immediately.
- 8. TERMS:** Net 30 days from the statement date, interest is charged at 2% per month and compounded monthly (26.62%) on all transactions not paid within terms. The Policyholder is responsible for collection fees related to delinquent accounts.
- 9. TAX TREATMENT:** The characterization of the Contributions and the Claims paid under ITA is a matter to be assessed solely by the Policyholder and the Administrator.
- 10. GENERAL:** Time is important. This Agreement is governed by the laws in force in the Province of Nova Scotia. If any provision of this Agreement is found by a court of competent jurisdiction to be unenforceable then such provision shall be severed and the remaining terms and covenants shall be unaffected and enforced to the greatest extent permitted by law. No amendment of the Agreement shall be valid unless in writing and signed by the Policyholder and the Administrator. Words importing the singular number include the plural and vice versa as required by the context. The summary forms part of this Agreement.

Initial: _____



Southwest Nova

INSURANCE GROUP INC.

Empowering People. Protecting Lives.



Payor's Acknowledgement

The undersigned Payor(s), (each) being Payor that is not one and the same as the Payee that issued this Payee Letter of Undertaking, hereby acknowledges the provisions of this Payee Letter of Undertaking and confirms to the Bank that it has authorized the Payee to issue cash management debits in relation to the Payor(s)'s account(s) with a Processing Member. The Payor further acknowledges that in the event of any dispute, no recourse will be provided through the clearing system and the Payor must address any such disputes with the Payee.

The Acknowledgement may be cancelled or revoked at any time upon notice being provided to the Payee either in writing or orally.

Payors Financial Institution Information – Please send copy of void company cheque.

Payment Information – (please print clearly)

Please specify whether the payment is a:
(please check one)

- Fixed Amount (please specify): _____
- Variable Amount: if variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: _____

Occurring at:

- Set Intervals: Please specify the timing (ie. Weekly, bi-Weekly, monthly)
- Sporadic intervals

Are top-ups or adjustments permissible?

- Yes
- No

(Name of Payor) _____

Per: _____

Per: _____

Name: _____

Name: _____

Title: _____

Title: _____