

Employee Enrollment



EMPLOYEE INFORMATION

Company Name: _____

Employee Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ DOB: _____
DD/MMM/YYYY

Email: _____ Gender: Male Female Other

DEPENDENT COVERAGE (COMPLETE FOR COUPLE OR FAMILY COVERAGE) Employee to complete online

Dependant Name	Gender M/F	Date of Birth DD/MMM/YYYY	Relationship

FLEXSAVE COVERAGE INFORMATION

Employee Class: _____ Annual Max: _____

Should first year benefit amount be pro-rated? Yes No Coverage Start Date: _____
DD/MMM/YYYY

Add Additional Catastrophic and Travel Medical Yes No If yes, select: Single Couple Family

DIRECT DEPOSIT BANK ACCOUNT INFO Employee to complete online

⑈330⑈ ⑆69908⑆ ⑆119⑆ ⑆16555101⑆⑈
5 digit Branch # 3 digit Bank # Account #

Branch Number:	Bank Number:	Name of Bank:	Account Number:

REQUEST FOR DIRECT DEPOSIT

It is understood that:

- This banking information will be used for the sole purpose of depositing reimbursement.
- This information will be held in the Master File of the Company for which the employee is employed.
- HUB Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time.
- It is the sole responsibility of the employee to ensure the accuracy of the banking information on file. In addition, any subsequent changes in banking information must be reported in a timely fashion.
- HUB Financial Inc. may terminate payment by direct deposit without prior notice or authorization for the employee.

