

**Use this form to (indicate changes being made):**

- Add New Employee(s) - Requires inclusion of "Employee Personal Information and Authorization".  
 Delete Employee(s)

COMPANY NAME \_\_\_\_\_

**ADD EMPLOYEES**

Name (First Name, Initial, Last Name) and Effective Dates (Month, Day, Year)		Classification	Maximum Annual HSA Limit
Name _____		<input type="checkbox"/> Executive <input type="checkbox"/> Sr. Mgmt. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other _____	\$
Date Hired _____	HSA Eligible Date _____		
Name _____		<input type="checkbox"/> Executive <input type="checkbox"/> Sr. Mgmt. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other _____	\$
Date Hired _____	HSA Eligible Date _____		
Name _____		<input type="checkbox"/> Executive <input type="checkbox"/> Sr. Mgmt. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other _____	\$
Date Hired _____	HSA Eligible Date _____		
Name _____		<input type="checkbox"/> Executive <input type="checkbox"/> Sr. Mgmt. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other _____	\$
Date Hired _____	HSA Eligible Date _____		

**FEE SCHEDULE**

**Set Up Fee - A one time set up fee of \$25.00 per employee is required**

Eligible Employees - \$25.00 times _____ (number of) employees	\$
GST (5%)	\$
<input type="checkbox"/> Ontario Employers Only - Ontario Retail Sales Tax (8% of Set Up Fee)	\$
<b>Total Due (Payable to MediDirect<sup>®</sup> Inc.) Please enclose cheque for payment in full.</b>	<b>\$</b>

**DELETE EMPLOYEES**

Name (First Name, Initial, Last Name)	Date of Birth and/or SIN	Last Day of Work (M/D/Y)

**AUTHORIZATION**

Name and signature of authorizing officer (must be signed).

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_