

GroupBenefitz™

Benefits Agreement

CORPORATE INFORMATION

Company Name

MAILING ADDRESS

Street Address

Apt./Suite Number	City
<div></div>	<div></div>
Province	Postal Code
<div></div>	<div></div>

PLAN SUMMARY

Start Date of Policy	Number of Eligible Employees
<div></div>	<div></div>
GroupBenefitz Wallet Selected	Multiple Coverage Tiers Selected
<div></div>	<div></div>

☐ I have read and agreed to the [terms & conditions](#).

Payment Method

Advisor Name

ADMINISTRATOR INFORMATION

The following members are authorized to administer the account

Name	Title	Email

SELECTED PLANS

Plan	Single	Couple	Family

☐ I have read and agreed to the [advisor disclosure](#).

Date Signed

Authorized Signature