

Application for AssistNow Employee Assistance Plan (EAP)

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|---|------|--|-------------|
| Legal name of company | | | |
| Address | City | Province | Postal code |
| Effective date of EAP plan | | Initial employee population in plan | |
| Name of authorized representative | | Title | |
| Email | | Phone number | |
| Empire Life Group # | | | |
| <p>AssistNow EAP services ("EAP Services") are delivered and administered by Aspira Corp. ("Aspira"). All EAP Services must be requested directly from Aspira and do not form part of the Empire Life Group Contract.</p> <p>EAP Services include: 24/7 Clinical Response Centre, Assessment Counselling, and Referral Services, Life Coaching Wellness Service, Smoking Cessation Treatment, access to the Worklife and Wellness portal, and the Information/Referral Centre. Documentation outlining EAP Services and the EAP Service Agreement will be sent to you directly by Aspira.</p> <p>Aspira rate: \$3.95 per employee per month plus HST/GST/QST as applicable. Aspira will invoice you to cover the first monthly fee based on the initial employee population.</p> <p>EAP Services will take effect after this application is accepted by Aspira and on the effective date approved by Aspira.</p> <p>You hereby consent to disclose aggregate utilization data to Empire Life (no identifying personal data will be reported).</p> | | | |
| Signature of authorized representative X | | Dated this _____ day of _____ 20 _____ | |

Contact Information

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|--------------------------------------|------|--------------|--------------|
| Plan Administrator name | | | |
| Email | | Phone number | |
| Advisor name | | | |
| Advisor firm | | | |
| Address | City | Province | Postal code |
| Email | | Phone number | |
| Empire Life Account Manager | | Email | Phone number |
| Empire Life Account Executive | | Email | Phone number |