



# Application for AssistNow™ Employee Assistance Plan (EAP)

Legal Name of Applicant Company \_\_\_\_\_

Effective Date of Plan \_\_\_\_\_ Date of First Renewal \_\_\_\_\_

Initial Employee Population in Plan \_\_\_\_\_ Do you provide EAP to your employees today? Yes  No

Plan Rate: \$3.95 per employee per month plus HST/GST as applicable

With this application, you consent to disclose aggregate utilization data to Empire Life (no identifying personal data will be reported).

Name and Title of Authorized Representative \_\_\_\_\_

We agree that the Plan will not take effect until the following conditions have been met:

1. This application is received, accepted and the effective date approved by **Empire Life**.
2. A binder premium, **made payable to Aspiria Corp.**, in the amount of 1 month's premium, plus HST/GST is received.:

Signature of Authorized Representative \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

<b>Customer/Administrator CONTACT Information</b>		
Name _____	Title _____	
Address _____		
City _____	Province _____	Postal Code _____
Tel. _____	E-mail _____	

Broker / Advisor to Customer _____		
Name _____		
Address _____		
City _____	Province _____	Postal Code _____
Tel. _____	E-mail _____	

Empire Life Account Executive _____
Empire Life Group Office Location _____