

# Application for AssistNow Employee Assistance Plan (EAP)

<b>Legal name of company</b>			
Address	City	Province	Postal code
<b>Effective date of EAP plan</b>		<b>Initial employee population in plan</b>	
<b>Name of authorized representative</b>		Title	
Email		Phone number	
<b>Empire Life Group #</b>			
<p>AssistNOW EAP services ("EAP Services") are delivered and administered by HumanaCare. All EAP Services must be requested directly from HumanaCare 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 HumanaCare.</p> <p>HumanaCare rate: \$3.95 per employee per month plus HST/GST/QST as applicable. HumanaCare 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 HumanaCare and on the effective date approved by HumanaCare. You hereby consent to disclose aggregate utilization data to Empire Life (no identifying personal data will be reported).</p>			
<b>Signature of authorized representative</b> X		Dated this _____ day of _____ 20 _____	

## Contact Information

<b>Plan Administrator name</b>			
Email		Phone number	
<b>Advisor name</b>			
<b>Advisor firm</b>			
Address	City	Province	Postal code
Email		Phone number	
<b>Empire Life Account Manager</b>	Email	Phone number	
<b>Empire Life Account Executive</b>	Email	Phone number	