



Notice Of Addition

3075 Fourteenth Avenue, Suite 221, Unionville, ON L3R 0G9 T 905-946-8444 F 905-946-8944 info@ombas.ca www.ombas.ca
A Private Health Services Plan as defined in S.248(1) of the Income Tax Act

Employer

Date Phone ()

yyyy mm dd

Contact Name

Please submit an Employee Enrolment Form for each new addition. Thank you.

| Employee Name | Employee Classification | Annual Medical Expenditure Limit | | Employee Covered | | Effective Start Date |
|---------------|-------------------------|----------------------------------|--------|------------------|----|----------------------|
| | | Single | Family | Yes | No | |
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I/We confirm the above individuals are contractual employees of the company receiving either wages, salary, fees or bonuses upon which payroll taxes are deducted. As such, they are full time and they meet the conditions of the original OMBAS contract. I/We confirm that all employees under the employee classification have been offered the same terms.

(Employer) _____

(Employer) _____

_____ I have the authority to bind the Employer