

**FLEXIBLE BENEFITS  
FUNDING DESIGNATION FORM**

**Send to:**  
Email: rhonda@healthrisk.ca  
Fax: (403) 236-9420  
Mail: 50, 12221 - 44th Street SE  
Calgary AB T2Z 4H3

**FUNDS DESIGNATED BELOW MUST EQUAL YOUR TOTAL ANNUAL FUNDING ALLOTMENT**

Company Name:	
Employee Name:	
Benefit Year:	Annual Amount:

**HEALTH SPENDING ACCOUNT – Health & Dental**

I hereby designate the following Funding Dollar Amounts to my Health Spending Account for the year of : \$\_\_\_\_\_

*Funds allocated to a Health Spending Account CANNOT be transferred to the Taxable Account.  
Unused funds in your account will roll into the second year.*

**TAXABLE SPENDING ACCOUNT – Health and Wellness, RRSP, TFSAs, or RESP**

I hereby designate the following Funding Dollar Amounts to my TAXABLE account for the year of : \$\_\_\_\_\_

*Funds allocated to the Taxable Account can be utilized for any expenditure that qualifies under the parameters of your plan. Unused funds must be sent to either a RRSP or TFSA of your choice.*

*Funds allocated to the Taxable Account CANNOT roll into the second year or be transferred to the Health Spending Account.*

*I understand that CRA rules governing the taxation of all of the above benefits will apply. Therefore, funding on my behalf by my employer will be added into my taxable income and appropriate withholding taxes will apply.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed