



## Set-up Process

To initiate a Solutions PHSP, the following forms must be completed:

1. Administrative Services Agreement (2 pages) - completed and signed by the Plan Sponsor.
2. Plan Design (2 pages) - completed by the Plan Sponsor.
3. Employee enrollment (1 page) - completed for each Plan Member and signed by the Plan Member and by the Plan Sponsor.
4. Depending on the choice of Funding Options, a deposit for the first month payable to IMAX SOLUTIONS In Trust .

## Claims Process

Claim forms are available on the website: [www.imaxsolutions.ca](http://www.imaxsolutions.ca) and may be completed in writing or on-line.

Please total claim amounts per category of expense - Dental, Health, or Vision - showing the most recent claim date in the date section. Please use the same procedure for Plan Member, Spouse and for other eligible dependents.

Please scan and e-mail the completed claim form and supporting receipts to [imax@shaw.ca](mailto:imax@shaw.ca). If a scanner and / or e-mail is not available to you, please deliver your claim form and receipts to the address below.

Imax Financial Services Ltd.  
#98 - 124 Sarsons Road, Vernon, BC V1B 2T9

Approved claims will be paid out via e-transfer to the plan member's personal bank account. Please complete our direct deposit form and provide a void cheque. In the event of a change in banking information, please report the new information to us at [imax@shaw.ca](mailto:imax@shaw.ca) to avoid delays.

Claims incurred up to December 31 can be presented to Imax Financial Services Ltd. for reimbursement up to January 30 of the following year but will reduce the benefit allocation for the new plan year if your plan option is Forfeit. Longer periods ( up to **365** days ) are available as requested.

If your plan is Rollover, there is no further Grace Period for rolled over funds after 12 months. Claims using these funds must be received in our office on or before **December 31**. Please allow sufficient time for mailing or you can fax these claims / receipts to our office first up to **December 31** and mail the original claims / receipts to reach our office before **January 15**.