



# Service Provider Application Form

Contact Information (Primary Registrant or Authorization for Company)				
First Name		Last Name		
Address				
City		State/Prov	Zip/Postal	
Phone #		Fax #		
Mobile #		S.I.N./S.S.N		
Email		URL/WEB		

Note: If you plan to receive payment personally, include your S.I.N/S.S.N.  
If you wish to receive payments to your company, include your Business Number (B/N) below.

Business Information – Please fill in if your wellness business is registered or incorporated				
Legal Business Name				
Address				
City		State/Prov	Zip/Postal	
Phone #		Fax #		
2 <sup>nd</sup> Phone #		B.N.		
Primary Email		URL/WEB		

Note: If your business has multiple locations, You must register for each location. This will ensure that any merchant systems that are part of 3-2-1 WELL have accurate information and payment instruction. This will further ensure that all your company's locations are promoted and utilized by companies looking for service providers.

**Registration Fee: \$176.99 + HST = \$200.00**

**Group: (Association, college or institute you are an active member in)**

**Group's Name:** \_\_\_\_\_

**If you are not an active member of an Association, College or Institute:**

Please send us a copy of all documentation that proves you graduated, trained or otherwise are licensed to practice in the wellness discipline that you are registering with us.

Send documentation to [register@321well.com](mailto:register@321well.com)



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## Designations and Disciplines:

Lifestyle Wellness Service Providers often have many disciplines that they have studied and are now utilizing in their practice or business. As a company, you may be running a wellness center or gym that incorporates many wellness disciplines. To ensure accuracy of our database and directories that are used by members, please indicate all the wellness disciplines that you offer.

Discipline/Designation	Graduated From:	Year Graduated

Please attach another page for more disciplines or Designations

## Insurance:

If you are insured by a liability insurance or Errors and Omissions Insurance, please list it here.

Insurer Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Please answer the following questions:

Do you utilize your association’s recommended pricing structure?	Y/N
Are you willing to work with lunch and learns at a company’s location?	Y/N
Are you willing to work with a concierge group to acquire new customers?	Y/N

You may send your application to:

**By email:**     [register@321well.com](mailto:register@321well.com)                      **By Fax:** 416-745-7809

**By Mail:**       Suite 202, 5109 Steeles Ave. West  
North York, Ontario  
M9L 2Y8



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## Acknowledgement:

You are applying as a registered Lifestyle Wellness Provider for the 3-2-1 WELL cooperative benefit systems, operated by Lifestyle Wellness Benefits Inc. You understand that this registration is granted as a direct result of your qualifications and adherence to the laws and recommended business practice of the province, state or territory that you operate within. Your affiliation to an accepted group (association, college or institute) may allow for automatic qualification. If no group was specified, Lifestyle Wellness Benefits will issue the registration upon verification of your credentials.

Your registration is being granted under the general provisions established by Lifestyle Wellness Benefits Inc. and the Recognized Advisory Groups representing Lifestyle Wellness Industry in Canada and United States of America.

**Acceptance of your registration will automatically enroll you in the 321WELL Concierge group which establishes the connections to the members. You agree to operate through the 321WELL concierge group which oversees and maintains the high standards and requirements of the corporate group wellness market. Service Providers are offered opportunities for client acquisition, promotion of their specialty and volunteer corporate wellness promotions in a fair and equal capacity with all service providers.**

You acknowledge that the information you provided in this application is accurate and complete. Further, you understand that your Registration is renewable each year and must be paid at the anniversary based on the recommended pricing and requirements set out by Lifestyle Wellness Benefits Inc. This registration is revocable at any time by Lifestyle Wellness Benefits Inc., your group or the Advisory Group for actions that may be deemed as unfair trade practice, fraudulent, inconsistent with market standards or any action that endangers or intentionally influences the public in any manner that is unethical, illegal or unjust. This program utilizes a reimbursement and direct pay to provider system and may charge an administration fee for transaction made with wellness dollars/ benefits, which is standard for all providers within a Province, State or Territory.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_  
Province/State/Territory

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Agent \_\_\_\_\_ acknowledges the receipt of payment for \$\_\_\_\_\_

\_\_\_\_\_  
Agent signature

To be filled out by the office of the Registrar

\_\_\_\_\_  
Registrar  
Anastasia Moutsos

\_\_\_\_\_  
Date: