

SECTION A : REQUESTOR INFORMATION

1. Company name: _____
2. Please indicate Policies and Divisions for which you require access (e.g. 12345-000) : _____

3. **Name of person requiring access:** _____
The person for whom access to the Group Administrator Website is requested.
4. Please indicate if you are: Group Administrator Agent/Broker/Consultant
5. If you are an agent, broker or consultant please indicate:
 - a. Name of your employer: _____
 - b. Agent Number: _____
6. **Work e-mail address:** _____
7. **Work telephone number:** _____
8. **Preferred language of correspondence:** English French

SECTION B: GROUP ADMINISTRATOR WEBSITE

- Please specify the type of access desired:** (please indicate Policy/Division if different from Section A.2)
- **View Only** information pertaining to employees Yes No Policy/Division Number: _____
 - **View and Update** employee information and enrol employees Yes No Policy/Division Number: _____
 - View contracts and booklets Yes No Policy/Division Number: _____
 - View eBills Yes No Policy/Division Number: _____
 - View statistical reports (if applicable) Yes No

SECTION C: CARDHOLDER WEBSITE

Your employees are able to update their personal information. (address, telephone number, e-mail address and language preference)
 Would you like to receive an e-mail informing you of the changes made online by your employees? Yes No

SECTION D: SIGNATURE

Requestor's Signature: _____ **Date:** _____

SECTION E: AUTHORIZATION

This section MUST be completed by the authorized Group Administrator or Agent/Broker/Consultant of the Medavie Blue Cross Plan(s).

I hereby authorize the individual in Section A.3 OR the entity in Section A.5 to have access to the policies/divisions and function(s) outlined in Section B. I am duly authorized to act on behalf of the Company in making this request.

Name (Please Print) : _____ Title and Company: _____

Signature: _____ Date: _____

The Agent/Broker/Consultant's employer (Section A.5) is responsible to oversee their representatives on-line services access, after initial authorization of the Company (Section A.1), in order to maintain their service agreement with the Company.

Please forward the completed Internet Services Access Form to the appropriate contact below.

ATLANTIC, ONTARIO AND OTHER REGIONS	QUEBEC REGION
Telephone: 1-888-564-2155	Telephone: 1-800-456-6595
Fax: 506-867-4651	Fax: 514-286-8444
E-mail: webadmin.inquiry@medavie.bluecross.ca	E-mail: administration@medavie.bluecross.ca

Once the access form is processed, the user will receive two emails containing the following:

Email 1: Username Email 2: Temporary Password