

INSTRUCTIONS: Email the completed form to your Benefits Services Consultant or benefits@abmunis.ca

1. User Information

Full name of organization		Division #	
Contact Information - mandatory fields marked with an (*)			
First name *	Last name *	Date of birth *	Preferred name
Title	Business email address *	Direct phone number and ext	
Job Roles (Check all that apply)			
<input type="checkbox"/> Plan administrator	<input type="checkbox"/> Billing contact	<input type="checkbox"/> Decision maker	<input type="checkbox"/> Renewal contract
		<input type="checkbox"/> Signing authority	

2. Online Access Addition/Change

This section defines the type of access the user will have to the benefits online platform

Online access effective date	(mm-dd-yyyy)
<input checked="" type="checkbox"/> Grant billing access only	Sign in email address (if different from the email listed in section 1)

3. Termination of Online Access

This section terminates the user's access to the benefits online platform.

Online Access Termination Date	(mm-dd-yyyy)	
First Name	Last Name	Email Address

4. Authorization

Benefits online platform access must be authorized by a signing authority

Platform access authorized by	Date signed (mm-dd-yyyy)	Authorized Signature
		X