

INSTRUCTIONS: Email the completed form to your Benefits Services Consultant or [benefits@abmunis.ca](mailto:benefits@abmunis.ca)

**1. User Information**

Full name of organization		Division #
<b>A   Contact Information - mandatory fields marked with an (*)</b>		
First name *	Last name *	Date of birth *
Title		Preferred name
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 plan admin access (includes billing access)	<input type="checkbox"/> Grant billing access only
Sign in email address (if different from the email listed in section 1)	

**3. Plan Admin Access**

Complete this section only if you have granted Plan Admin Access in Section 2 above. This section defines the degree of Systems access the user will have. Note that limiting class access or restricting salary access in section 3A or 3C below will disable billing access.

**A | Classes**

Grant access to

All classes     All classes, **except** those listed below     **Only** those classes listed below

List classes (if access is not being granted to all classes)

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**B | Notifications**

Please indicate the types of automatic email notifications this user should receive. It is recommended that at least one user receive all notification types.

Email Notifications (check all that apply)

Benefit conversions     Billings     Excess coverage     Overage dependents

Benefit packages     Enrollments     Member updates

Additional information

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**C | Optional Restrictions**

Account access restrictions (check all that apply)

No salary access     Read only access

**4. Termination of Online Access**

This section terminates a previous user's access to the benefits online platform, if applicable

Online Access Termination Date	<input type="text"/>	(mm-dd-yyyy)
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First Name	Last Name	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Authorization**

Benefits online platform access must be authorized by a signing authority

Platform access authorized by	Date signed (mm-dd-yyyy)	Authorized Signature
<input type="text"/>	<input type="text"/>	X