

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

1. User Information

Full name of organization		Division #	
A 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"/> Disability contact
<input type="checkbox"/> Communications Contact			

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		
<input type="checkbox"/> All classes	<input type="checkbox"/> All classes, except those listed below	<input checked="" type="checkbox"/> Only those classes listed below
List classes (if access is not being granted to all classes)		
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)		
<input type="checkbox"/> Benefit conversions	<input type="checkbox"/> Billings	<input type="checkbox"/> Excess coverage
<input type="checkbox"/> Benefit packages	<input type="checkbox"/> Enrollments	<input type="checkbox"/> Member updates
<input type="checkbox"/> Overage dependents		
Additional information		
C Optional Restrictions		
Account access restrictions (check all that apply)		
<input type="checkbox"/> No salary access	<input type="checkbox"/> 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		(mm-dd-yyyy)
First Name	Last Name	Email Address

5. Authorization

Benefits online platform access must be authorized by a signing authority

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