

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"/> Disability Contact	<input type="checkbox"/> Decision Maker
		<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 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)

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

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		(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