MEDAVIE BLUE CROSS™

INTERNET SERVICES ACCESS FORM

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: Katatin Brossard

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: katalin.brassard@bci-inc.ca

7. Work telephone number: 450-446-2474

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
Telephone: 1-888-564-2155
Fax: 506-867-4651
E-mail: webadmin.inquiry@medavie.bluecross.ca

QUEBEC REGION
Telephone: 1-800-456-6595
Fax: 514-286-8444
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**

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