

1

Company Name: _____

Requestor Name: _____

2 USER INFORMATION

☐ Group Administrator (GA) ☐ Third Party Admin (TPA) or Admin Support
☐ Advisor Agent Number: _____
 Name: _____
 Work E-mail: _____ Work Telephone Number: _____
☐ Existing Medavie Blue Cross User Name (if applicable): _____ Language Preference: ☐ English ☐ French
☐ New User
 For multiple new users, please complete Appendix A.

Policy Numbers	Division(s) "All" or Specify	Classes (if applicable)	View Only View Employee information	View and Update View and update Employee information	View E-bills	E-bills E-Mail Notification	View Contract and Booklets	Reporting View Statistical Reports (if applicable)	Cardholder Website - Would you like to receive an e-mail informing you of the changes made online by your employees? - Check for Yes	Primary GA There can only be one primary GA on system, would you like to replace the existing? - Check for Yes
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Policies / Divisions / Class or Comments:

3 AUTHORIZATION

I hereby authorize the new users noted to have access to the policies/divisions and functions outlined above. I am duly authorized to act on the behalf of the company in making this request.

Name: _____

Title: _____ Company: _____

Signature: _____ Date: _____

4 PLEASE FORWARD THE COMPLETED INTERNET SERVICES ACCESS FORM TO THE APPROPRIATE REGION 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

[illegible]

Name (User 5): _____

Work E-mail: _____ Work Telephone Number: _____

Existing Medavie Blue Cross User Name (if applicable): _____ Language Preference: ☐ English ☐ French

☐ Group Administrator (GA) ☐ Third Party Admin (TPA) or Admin Support

☐ Advisor Agent Number: _____

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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name (User 6): _____

Work E-mail: _____ Work Telephone Number: _____

Existing Medavie Blue Cross User Name (if applicable): _____ Language Preference: ☐ English ☐ French

☐ Group Administrator (GA) ☐ Third Party Admin (TPA) or Admin Support

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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>