

Company Name:												
Requestor Name:												
2 USER INFORMATION												
O Group Administrator (GA) Third Party Admin (TPA) or Admin Support												
Advisor			Agent Number:									
Name:												
Work E-mail: Work Telephone Number:												
Existing	g Medavie Bl	ue Cross Use	er Name (i	f applicable):	:			Language P	reference: O Engli	sh O French		
O New Us	er											
For multiple new users, please complete Appendix A.												
			1			1						
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		
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			0	0	О	0	0	0	О	О		
			0	О	О	0	0	0	О	O		
			0	О	O	0	О	0	О	О		
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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:	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

 $E\text{-mail:}\ \underline{webadmin.inquiry@medavie.bluecross.ca}$

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 2: Temporary Password**

Email 1: Username









Name (Us	er 2):									
Work E-m				Work Telephone Number:						
Existing M	1edavie Blue	Cross User	Name (if a _l	oplicable):				Language	Preference: O En	glish O French
O Group A	Administrato	r (GA)	O Third Pa	rty Admin (TP	A) or A	dmin Suppo	rt			
O Advisor			Agent Nun	nber:						
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
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[<i>a</i>										
Name (User 3):										
Work E-m				P l. l . V					D. (
				oplicable):				Language	Preference: O En	glish O French
O Group Administrator (GA) O Third Party Admin (TPA) or Admin Support O Advisor Agent Number:										
Policy Numbers	Division(s) "All" or Specify	Classes (if applicable)	View Only View Employee information	View and Update View and update Employee	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	Primary GA There can only be one primary GA on system, would you like to replace
				information					employees? - Check for Yes	the existing? - Check for Yes
			0	О	О	О	0	0	О	О
Name (Us	er 4):									
Work E-mail: Work Telephone Number:										
Existing M	1edavie Blue	Cross User	Name (if a _l	oplicable):				Language	Preference: O En	glish O French
O Group A	Administrato	r (GA)	O Third Pa	rty Admin (TP	A) or Ad	dmin Suppo	rt			
O Advisor			Agent Nun	nber:						
Policy Numbers	Division(s) "All" or Specify	Classes (if applicable)	View Only View Employee	View and Update View and update	View E-bills	E-bills E-Mail Notification	View Contract and	Reporting View Statistical Reports	Cardholder Website - Would you like to receive an e-mail informing you of the	Primary GA There can only be one primary GA on system,
			information	Employee information		0	Booklets	(if applicable)	changes made online by your employees? - Check for Yes	would you like to replace the existing? - Check for Yes





Name (Use	er 5):									
Work E-ma	ail:					Work Telep	ohone Nu	ımber:		
Existing M	edavie Blue	Cross User	Name (if a _l	oplicable):				Language	e Preference: O En	glish O French
· ·	Administrato			rty Admin (TP						
O Advisor	B / .		Agent Number:						0 11 11 11 11	D. O.
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
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				oplicable):					e Preference: O En	
	Administrato	r (GA)	O Third Pa	rty Admin (TP nber:	A) or Ad	dmin Suppo	rt		e Preference: O En	glish O French
Policy	Division(s)	Classes	View Only	View and	View	E-bills	View	Reporting	Cardholder Website -	Primary GA
Numbers	"All" or Specify	(if applicable)	View Employee information	Update View and update Employee information	E-bills	E-Mail Notification	Contract and Booklets	View Statistical Reports (if applicable)	Would you like to receive an e-mail informing you of the changes made online by your employees? - Check for Yes	There can only be one primary GA on system, would you like to replace the existing? - Check for Yes
			0	0	0	0	О	0	0	О

