

CONTACT INFORMATION

Mail: Co-operators Life Insurance Company
 Group Client Service Centre
 1900 Albert Street
 Regina SK S4P 4K8

Email: group_client_services@cooperators.ca

INSTRUCTIONS

Please complete the following information which will identify who you are granting access to Benefits Now® and what level of access you are granting.

If you require access for different users by Account, please complete a new request form for each account.

All changes to users must be reported to Co-operators within 5 business days of such change taking effect.

1. PLAN SPONSOR INFORMATION

Group/Account Name _____

Group Number _____ Account _____ Requested Effective Date _____
 MMM/DD/YYYY

2. SECURITY INFORMATION

The following information is required to set up security for the person using Benefits Now® or Benefit Now® for Disability systems that will be referred to collectively as "Benefits Now®". A personal username and password will be assigned. The level of access being granted must be supported by the access requested on the Benefits Now® User Agreement (GL2305).

USER 1

Name _____ Title _____
 First Name _____ Initial _____ Last Name _____

Phone Number (_____) _____ Email _____

Read-Only Access - Can view information only but cannot make changes in Benefits Now®.

Plan Advisor Read/Write Access - Can view and update information in Benefits Now®

Plan Administrator Read/Write Access (Select all that apply)

Can view and update plan member eligibility information and grant access to Benefits Now®.

Can view and update information and grant access to Benefits Now® for Disability.

USER 2

Name _____ Title _____
 First Name _____ Initial _____ Last Name _____

Phone Number (_____) _____ Email _____

Read-Only Access - Can view information only but cannot make changes in Benefits Now®.

Plan Advisor Read/Write Access - Can view and update information in Benefits Now®

Plan Administrator Read/Write Access (Select all that apply)

Can view and update plan member eligibility information and grant access to Benefits Now®.

Can view and update information and grant access to Benefits Now® for Disability.

3. USE AND MODIFICATION

Every User shall comply with the following in respect of the use of Benefits Now®:

The User shall ensure that all provisions of the Group Contract are adhered to including, but not limited to, the following

- i. Enrolling all eligible employees within 31 days of the commencement of their eligibility date; and ensuring they meet the eligibility definition;
- ii. Ensuring that minimum plan participation levels are maintained;
- iii. Ensuring that all employees who are enrolled remain eligible for coverage with respect to continually meeting the minimum hours requirement;
- iv. Ensuring that all employees who are not eligible are removed from the list of eligible employees and terminated within the required period;
- v. Ensuring that all employees who are required to submit health evidence (whether due to having previously opted out of coverage or due to late enrolment) submit that evidence prior to being enrolled.

AUTHORIZED READ/WRITE ACCESS USER

Per:

Signature _____ Name _____
 Authorized Signatory _____ (please print)

Phone Number (_____) _____ Email _____

You acknowledge that data transmitted over the internet may be intercepted and that such transmission is at your own risk. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to Group_Client_Services@cooperators.ca.

Title _____ Date _____
 MMM/DD/YYYY