

**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](mailto: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](mailto:Group_Client_Services@cooperators.ca).

Title \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY