



Electronic Administration Registration

Please indicate whether this registration is:

- Adding a new user
- Changing information about a current user/alternate user
- Deleting a user (Provide the name and user ID in section 5, Additional Information)

To submit your registration Fax to: (204) 985-5781 – Attn: PA Internet Registration
 Mail to: Attn: PA Internet Registration, Wawanesa Life, 400-200 Main Street, Winnipeg, Manitoba R3C1A8

Please ensure all the sections have been completed, including signatures.

| 1 Company Information | | | |
|--|--|----------------------------------|---|
| | Policyholder name | Group Number | Account Number |
| _____ | | | |
| 2 Plan Administrator/ User Information Enter new information in the appropriate field, if applicable. | | | |
| | Last Name of Plan Administrator | First Name of Plan Administrator | Middle Initial |
| _____ | | | |
| Please check <input checked="" type="checkbox"/> if changing any of the following: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email Address | Mailing Address (Number, Street) _____ Email Address _____ | City _____ | Province _____ Postal Code _____ |
| 3 Alternate User/Backup Resource | | | |
| An alternate user/backup resource is recommended in the event that the Plan Administrator is unavailable or absent for an extended period of time (i.e. vacation, illness, conferences). The alternate user/backup resource would be able to access the Group Benefits internet Site to continue administration for your company on the Plan Administrator's behalf. | <input type="checkbox"/> Please check here if changing information about alternate user/backup resource. Enter new information below, if applicable Last Name of Alternate User _____ Mailing Address (Number, Street) _____ Email Address _____ | | |
| | | First Name of Alternate User | Middle Initial |
| | | _____ | _____ |
| | | City | Postal Code |
| | | _____ | _____ |
| 4 User Access Requirements | | | |
| Please check <input checked="" type="checkbox"/> one: | | | |
| <input type="checkbox"/> All Accounts | | _____ | |
| <input type="checkbox"/> Only the following Accounts | | Account Number(s) | |
| _____ | | | |
| If adding/deleting account numbers, please indicate here. | <input type="checkbox"/> Adding Accounts <input type="checkbox"/> Deleting Accounts | | |
| | | Account Number(s) | |
| | | _____ | |
| | | Account Number(s) | |
| | | _____ | |
| 5 Additional Information | | | |
| _____ _____ _____ _____ <p style="text-align: center; font-size: small;">The authorized user(s) will be able to view all information about the master group policy, all member class booklets and all information about an employee that we have on our records, with the exception of detailed claim information.</p> | | | |
| 6 Policyholder Authorization | | | |
| Name & Title (Please Print) | Signature | Date signed (yyyy/mm/dd) | |
| _____ | _____ | _____ | |