

Group Benefits Plan Administrator Internet and Billing Registration

Send this registration form to the address below. Please make sure to include your signed **Electronic Administration of Policy Agreement**.

If your plan has already arranged access and is actively using the Plan Administrator Site, submit all information changes (including adding or deleting users) to **PA Internet Registration**:

- By fax to (519) 883-0349
- By mail to **Manulife Financial Group Benefits, PA Internet Registration
380 Weber Street N, Waterloo ON N2J 3J3 - Delivery Station GB-A**

Please indicate whether this registration is:

- Adding a new user. (If the new user replaces an existing user, provide the name and User ID of the person to delete in Section 5, Additional information.)
- Deleting a user. (Provide the name and User ID in Section 5, Additional information.)
- Changing information about a current user/alternate user.

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

1 Company information	<table border="1"> <tr> <td>Plan sponsor name</td> <td>Plan contract number</td> </tr> </table>	Plan sponsor name	Plan contract number																			
Plan sponsor name	Plan contract number																					
2 Plan administrator/ user information Please check <input checked="" type="checkbox"/> if changing any of the following: <input type="radio"/> Work mailing address <input type="radio"/> Email address <input type="radio"/> Access to On-line billing <input type="radio"/> Preferred user ID Enter new information in the appropriate field, if applicable.	<table border="1"> <tr> <td>Last name of Plan administrator</td> <td>First name of Plan administrator</td> <td>Middle initial</td> </tr> <tr> <td>Language of preference <input type="radio"/> English <input type="radio"/> French</td> <td>Sex <input type="radio"/> Male <input type="radio"/> Female</td> <td>Date of birth (dd/mmm/yyyy)</td> </tr> <tr> <td>Work mailing address (number, street)</td> <td>City</td> <td>Province</td> </tr> <tr> <td colspan="3">Postal code</td> </tr> <tr> <td colspan="3">Email address (mandatory)</td> </tr> <tr> <td colspan="3">Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="3">Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)</td> </tr> </table>	Last name of Plan administrator	First name of Plan administrator	Middle initial	Language of preference <input type="radio"/> English <input type="radio"/> French	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)	Work mailing address (number, street)	City	Province	Postal code			Email address (mandatory)			Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No			Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)		
Last name of Plan administrator	First name of Plan administrator	Middle initial																				
Language of preference <input type="radio"/> English <input type="radio"/> French	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)																				
Work mailing address (number, street)	City	Province																				
Postal code																						
Email address (mandatory)																						
Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No																						
Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)																						
3 Alternate Plan administrator/user information An alternate user 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 would be able to access the Group Benefits internet site to continue administration for your company on the Plan administrator's behalf.	<p><input type="radio"/> Please check here if changing information about alternate user. Enter new information below, if applicable.</p> <table border="1"> <tr> <td>Last name of alternate user</td> <td>First name of alternate user</td> <td>Middle initial</td> </tr> <tr> <td>Language of preference <input type="radio"/> English <input type="radio"/> French</td> <td>Sex <input type="radio"/> Male <input type="radio"/> Female</td> <td>Date of birth (dd/mmm/yyyy)</td> </tr> <tr> <td>Work mailing address (number, street)</td> <td>City</td> <td>Province</td> </tr> <tr> <td colspan="3">Postal code</td> </tr> <tr> <td colspan="3">Email address (mandatory)</td> </tr> <tr> <td colspan="3">Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="3">Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)</td> </tr> </table>	Last name of alternate user	First name of alternate user	Middle initial	Language of preference <input type="radio"/> English <input type="radio"/> French	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)	Work mailing address (number, street)	City	Province	Postal code			Email address (mandatory)			Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No			Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)		
Last name of alternate user	First name of alternate user	Middle initial																				
Language of preference <input type="radio"/> English <input type="radio"/> French	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)																				
Work mailing address (number, street)	City	Province																				
Postal code																						
Email address (mandatory)																						
Access to On-line billing: <input type="radio"/> Yes <input type="radio"/> No																						
Preferred user ID (Your preferred user ID must be a minimum of 6 characters and a maximum of 20 characters long.)																						
4 User access requirements Adding numbers Deleting numbers	<table border="1"> <tr> <td>Internet access:</td> <td></td> </tr> <tr> <td><input type="radio"/> All plans and accounts/divisions</td> <td>Plan contract number(s)</td> </tr> <tr> <td><input type="radio"/> Only the following plans and accounts/divisions</td> <td>Account(s)/Division(s)</td> </tr> <tr> <td>On-line Bill access:</td> <td></td> </tr> <tr> <td><input type="radio"/> All plans and accounts/billing divisions</td> <td>Plan contract number(s)</td> </tr> <tr> <td><input type="radio"/> Only the following plans and accounts/billing divisions</td> <td>Account(s)/Billing division(s)</td> </tr> <tr> <td>Deleting numbers</td> <td>Plan contract number(s)</td> </tr> <tr> <td></td> <td>Account(s)/Division(s)</td> </tr> </table>	Internet access:		<input type="radio"/> All plans and accounts/divisions	Plan contract number(s)	<input type="radio"/> Only the following plans and accounts/divisions	Account(s)/Division(s)	On-line Bill access:		<input type="radio"/> All plans and accounts/billing divisions	Plan contract number(s)	<input type="radio"/> Only the following plans and accounts/billing divisions	Account(s)/Billing division(s)	Deleting numbers	Plan contract number(s)		Account(s)/Division(s)					
Internet access:																						
<input type="radio"/> All plans and accounts/divisions	Plan contract number(s)																					
<input type="radio"/> Only the following plans and accounts/divisions	Account(s)/Division(s)																					
On-line Bill access:																						
<input type="radio"/> All plans and accounts/billing divisions	Plan contract number(s)																					
<input type="radio"/> Only the following plans and accounts/billing divisions	Account(s)/Billing division(s)																					
Deleting numbers	Plan contract number(s)																					
	Account(s)/Division(s)																					
5 Additional information																						
6 Plan sponsor authorization Please authorize by obtaining the signature of the Policyholder, Plan Sponsor and/or current Plan Administrator.	<table border="1"> <tr> <td>Print name</td> <td>Title</td> </tr> <tr> <td>Signature</td> <td>Date signed (dd/mmm/yyyy)</td> </tr> </table>	Print name	Title	Signature	Date signed (dd/mmm/yyyy)																	
Print name	Title																					
Signature	Date signed (dd/mmm/yyyy)																					