

The following information is required to provide Saskatchewan Blue Cross Policy Contacts with security access to our private website:

- 1) Internet Access
- 2) An Internet Browser
- 3) An Email Address

Please complete this form and email it to groupservicecentre@sk.bluecross.ca: Saskatchewan Blue Cross - Group Sales. Should you have any questions, please feel free to call us at 306.667.5861 or 1.800.667.6853.

All sections relating to the access required must be completed.

SECTION A - ACCESS INFORMATION

Please indicate the access to be set up for the Group Administrator Website:

Enrolment Access: (please select one of the three options)

- View Employee Information and enter changes and new enrolments
- View Employee Information ONLY
- No Access to Employee Information

Additional Access:

- Confidential Information (Contracts and Booklets)
- Group Reporting
- eBills

Policy Name: _____ Policy Number: _____

Please list the policy number(s) for which you require access: _____

- Title: Group Administrator Company Executive Third Party Administrator
- Broker Consultant Broker Support Staff

Section A - User Requesting Access

I acknowledge that once the application is processed, I will receive an email containing the user login ID and a separate email containing a temporary password. I accept full responsibility for the actions performed under the assigned User ID. I acknowledge that Saskatchewan Blue Cross may revoke Group Portal access rights if I fail to comply with the terms and conditions.

I acknowledge and consent to the collection, use and disclosure of the personal information I have provided and understand it is required for requesting access to Group Portal. I declare that the above information is accurate and complete.

Name (Please Print) _____ Title _____

Business Email Address _____ Business Telephone Number _____

Signature _____ Date (YYYY/MM/DD) _____

SECTION B - WEBSITE CONTACT INFORMATION

Section B - Group Administrator - Access and Authorization

I declare that I have authority for the overall administration of the Saskatchewan Blue Cross Plan(s) listed in Section "A". I declare that the above information is accurate and complete.

If you are requesting access for yourself, please have this form signed by an existing Plan Administrator or Company Executive. If you are the sole signing authority for the Plan(s) listed above, you have the authority to complete Section A and B.

Name (Please Print) _____ Title _____

Signature _____ Date (YYYY/MM/DD) _____