



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	Plan number	Account/Division No.
_____	_____	_____

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	Language of Preference	<input type="checkbox"/> English	<input type="checkbox"/> French
	Mailing Address (Number, Street)	City	Province
	_____	_____	Postal Code
	_____	_____	_____
	Email Address	_____	_____
	_____	_____	_____

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	First Name of Alternate User	Middle Initial
	_____	_____	_____
	Language of Preference	<input type="checkbox"/> English	<input type="checkbox"/> French
	Mailing Address (Number, Street)	City	Province
	_____	_____	Postal Code
	_____	_____	_____
	Email Address	_____	_____
	_____	_____	_____

4 User Access Requirements

	Please check <input checked="" type="checkbox"/> one: <input type="checkbox"/> All Plans and Accounts/Divisions <input type="checkbox"/> Only the following Plans and Divisions/Accounts	Plan Number(s)

If adding/deleting plan numbers or account/division numbers, please indicate here.	<input type="checkbox"/> Adding New Numbers	Plan Number(s)

	<input type="checkbox"/> Deleting Numbers	Plan Number(s)

5 Additional Information

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.

6 Policyholder Authorization

Name & Title (Please Print)	Signature	Date signed (yyyy/mm/dd)
_____	_____	_____