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INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

GROUP INSURANCE

WEB@DMIN ACCESS

Please print in ink and sign.

1. POLICYHOLDER TERMS OF USE

Name of Policyholder _____ Policy no. _____

Name of division (if different than Policyholder) _____ Division no. _____

As authorized signatory, I hereby **AUTHORIZE** the administrator(s) named below to have access to Web@dmin for administration purposes only and according to the type of access authorized.

I ACCEPT all responsibility in the event that the information found in Web@dmin is misused as a result of the accesses authorized herein.

I CONFIRM that the administrator(s) has (have) read and accepted the *Administrator Terms of Use* below.

I ACKNOWLEDGE and **AGREE** that Web@dmin is the sole and exclusive property of Industrial Alliance and shall not be copied, downloaded or retransmitted for any use other than that specified by Industrial Alliance or to any party without the prior written consent of Industrial Alliance.

I AGREE to cancel the Web@dmin access rights of administrators that leave the organization.

I UNDERSTAND that Industrial Alliance may revoke the Web@dmin access of any administrator at any time.

I AGREE that a photocopy of my signature below shall be as valid as the original.

Last name _____ First name _____
Please print Please print

Signature _____ Telephone _____ Date Y M D _____

2. ADMINISTRATOR TERMS OF USE

The administrator **AGREES** to use Web@dmin strictly for the plan administration of his/her division or group and according to the type of access authorized by his/her policyholder.

The administrator **UNDERSTANDS** that the use of his/her access code and password are equivalent to his/her signature and that he/she is responsible for ensuring that this information remains confidential at all times.

The administrator **AGREES** to maintain and protect the privacy and confidentiality of the personal information of plan members found in Web@dmin, in accordance with provincial and federal laws and regulations.

If the administrator performs transactions via Web@dmin, he/she **AGREES** to administer the plan in accordance with the terms and conditions of the Group Policy.

The administrator **UNDERSTANDS** that his/her Web@dmin access can be revoked at any time without notice.

3. NEW REQUEST OR ACCESS CHANGE

Administrator information (All fields MUST BE completed)	Type of access	Divisions
Last name _____	❑ All transactions	❑ All divisions
First name _____	❑ View only	
Address of organization _____ (civic number, street, suite)	❑ Invoice view only	❑ Specific division(s):
_____ (city, province, postal code)		_____
Email _____ Language: ❑ English ❑ French		_____

Administrator information (All fields MUST BE completed)	Type of access	Divisions
Last name _____	❑ All transactions	❑ All divisions
First name _____	❑ View only	
Address of organization _____ (civic number, street, suite)	❑ Invoice view only	❑ Specific division(s):
_____ (city, province, postal code)		_____
Email _____ Language: ❑ English ❑ French		_____

4. ACCESS CANCELLATION

Name of administrator(s) whose access must be cancelled		Effective date
Last name	First name	Y M D
Last name	First name	Y M D