

Company Name: _____

I, _____ (Name of owner/person with signing authority) _____ (Title)
assign the following named administrator authority to access the BCCA Employee Benefits EAS Online Administration:

Administrator Name:		Title:	
Email:		Phone No:	
List all Policy Numbers:		Effective Date:	

- I hereby grant the named administrator access to **all policy numbers belonging to my group plan** within the BCCA Employee Benefits EAS Online Administration. I understand that there can be only **one administrator and one level of access to my company's benefit plan**.
- I understand and confirm that the EAS Online Administration System contains **private and confidential information pertaining to the administration of employee benefits**. The named administrator will have access to this information.
- I understand and confirm that the named administrator will have **access to view benefit summaries and monthly invoices**. **The named administrator will access monthly invoices through EAS, unless otherwise indicated below.**

I would like to also receive my monthly invoices by mail:
- I authorize the named administrator to **enrol, reinstate, terminate and make changes to employee information** in the EAS Online Administration System.
- I confirm that the named administrator will **send a copy or the original** of the **Enrolment Form(s)** and/or beneficiary **Change Form(s) to the BCCA Employee Benefits office via email, fax or mail, within 2 weeks of the online submission**. The named administrator will **keep a copy or the original for my company's records**. I understand that failing to do so could affect an employee's life insurance claim.

a) I understand that the BCCA Employee Benefits office does not require **Change Forms** to be submitted for **other** online changes (*such as terminations, salary, address, dependent and name changes*). I confirm that **the record keeping of any such changes made online is the sole responsibility of my organization**.
- I, and the named administrator, understand that the **username and password issued** by BCCA Employee Benefits is to be used and held solely by the named administrator. The BCCA Employee Benefits office assumes that all online changes are submitted by the authorized administrator. I take responsibility to prevent any misuse by my staff and accessibility will be limited to the named administrator.
- I, and the named administrator, understand that a change in administrator must be provided to the BCCA Employee Benefits office in writing or email. The new administrator requires a new password to access the online administration system. **Old passwords shall not be transferred to new users.**

By signing, I, <i>the owner or person with signing authority</i>, acknowledge and agree to comply with all the above noted statements:		By signing, I, <i>the named administrator</i>, acknowledge and agree to comply with all the above noted statements:	
Date:		Date:	
Signature:		Signature:	