

Request for Plan Administrator User Access – Ariel and Manulife Administration Sites

Complete this form to request user access to the Ariel Administration and/or Manulife Administration sites. Email the completed form to your assigned EBP Benefits Administrator.

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

1. School Division Information

School Division name: _____ Plan contract number: _____

2. Plan Administrator Information

Last name of plan administrator: _____ First name of plan administrator: _____ Middle initial: _____

Position Title: _____ Language of preference: English French

Date of Birth (dd/mmm/yyyy): _____ Sex: Male Female

Work mailing address (number, street and suite): _____

City: _____ Province: _____ Postal Code: _____

Work email address (mandatory): _____ Work phone number: _____

3. Plan Administrator Allowable Access

Ariel Admin Site Plan Administrator Access (includes Billing Access) Yes No
Billing Access Only Yes No

Manulife Admin Site Plan Administrator Access (read only) Yes No
Can view Health, Dental and Disability reports Yes No
Can view Disability claim status reports Yes No

Applicable Division/Group Numbers All Only the following division/group numbers:

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4. Ariel Automated Email Recipient

The Ariel Admin System sends out automated emails to the Plan Member (if plan member email address is on the Ariel record) with a cc to the Plan Administrator. ONLY ONE PLAN ADMINISTRATOR CAN BE SET UP AS THE RECIPIENT OF THESE EMAILS.

Replace current Plan Administrator receiving these emails with this Plan Administrator Yes No

5. Authorization

Please authorize by obtaining the signature of the current plan administrator or other official.

Print name: _____ Position Title: _____

Signature: _____ Date signed (dd/mmm/yyyy): _____