



Insurance

APPOINTMENT OF ADMINISTRATOR(S) under the Access Agreement for Plan Sponsor

Group Name _____

Group Policy # _____

Billing Division (Indicate number or ALL)	Name	Email Address	Date of Birth (YYYY/MM/DD)	Online Administration (Select V or E)	Webshield-Stats (Select Y or N)	View Billings (Select Y or N)	View Booklets and Contracts (Select Y or N)	Mass Transactions (Select Y or N)
				<input type="checkbox"/> V <input type="checkbox"/> E	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> V <input type="checkbox"/> E	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> V <input type="checkbox"/> E	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

- V = View only access and E = Edit access (ability to make plan member changes).
- Y = grant access to this selection and N = No access to this selection.
- Date of Birth (YYYY/MM/DD) is required for login purposes.

In accordance with the Access Agreement for Plan Sponsor ("Access Agreement"), which the Plan Sponsor entered into at the time of the Plan Sponsor's application for group insurance, I, on behalf of the Plan Sponsor, appoint the individual (s) noted above to the role of Administrator(s) to access the Service on behalf of and binding Plan Sponsor. Each of these individuals has been made aware of the Administrator duties under the Access Agreement and that the Administrator must comply with all administrative rules in respect of the Group Plan communicated from RBC Life from time to time.

Name _____ Signature _____

Title _____ Date _____
(Authorized Signing Officer)

Please remit form to: admin@groupinsurance.rbc.com.

RBC Life Insurance Company, 8677 Anchor Drive, PO Box 1600, Windsor, ON, N9A 0B3, 1-855-257-1598, <https://www.rbcinsurance.com>