

SAY YES TO eSERVICES

Review this document with the person who has decision making authority for your group benefits policy with Empire Life. Once they have completed and signed it, return the document to Empire Life. You can scan and email it to group.administration@empire.ca or fax it to 1 888 841-9145.

Step 1: Say yes to eServices! If you are already managing your plan online and are signed up for eBilling, just tick the boxes in the left hand column. If you're not, but are ready to get started, tick the boxes in the middle. We hope you say yes, but if you just aren't ready, tick the appropriate boxes in the right hand column. We're all about flexibility and choice!

eService	Description	Tick the box that applies to you		
Administration	Update employee information, consult important plan documents, and get easy access to benefits-related information. Anytime, from almost anywhere.	<input type="radio"/> Already doing this	<input type="radio"/> Ready to start!	<input type="radio"/> We're not ready to do this
eBilling	If you're not already getting your billing online, we will start sending you your billing notification via email. View or print your statement, and access 12 months of past billing history. You will be able to select a convenient date for direct withdrawal from your bank—or you can pay by cheque. We're flexible!	<input type="radio"/> Already on eBilling	<input type="radio"/> Ready to begin eBilling	<input type="radio"/> I prefer to receive a paper statement
eClaims	Encourage your employees to submit health benefit claims quickly and easily. Most claims are processed right away, and money deposited in their bank account within 24 hours.	<input type="radio"/> Already using it	<input type="radio"/> Ready to begin using eClaims	<input type="radio"/> We're still not ready for eClaims
Advisor access	<input type="radio"/> Your advisor will automatically be able to view your employee and plan design details (but can't make changes without your permission).	<input type="radio"/> I want my advisor to be able to update employee and plan design details		

The following eServices are available to all

Benefit summary	View a summary of your plan design including class set up, waiting period, and benefits, by division.
Contract	Enjoy easy access to the most current version of your contract, knowing you're always up-to-date.
Forms	Access the forms you need. Most forms are fillable electronically, which makes it easier for you and your employees to complete them.
Bulletins	Stay up-to-date with news about legislative changes and other important information.
Administration guides	View guides online for helpful tips on how to administer your benefits plan.
Employee booklet	Enjoy easy access to the most current version of your employee booklets, knowing you're always up-to-date.
How to videos	You will be able to watch short and snappy videos to guide you through the more frequently required administrative tasks.

Step 2: List your Plan Administrator(s) to ensure our records are up-to-date. Please note: any Plan Administrator(s) not listed here will be removed from our records. If you have more than four Plan Administrators attach a separate sheet of paper.

Plan Administrator #1		
Group name	Policy number	
First name	Last name	
Email address	Phone number	Language: <input type="radio"/> English <input type="radio"/> French
Is this Plan Administrator already registered? <input type="radio"/> Yes <input type="radio"/> No		
What division(s) will Plan Administrator #1 be responsible for? <input type="radio"/> all divisions <input type="radio"/> these divisions (specify)		
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Plan Administrator #2		
Group name	Policy number	
First name	Last name	
Email address	Phone number	Language: <input type="radio"/> English <input type="radio"/> French
Is this Plan Administrator already registered? <input type="radio"/> Yes <input type="radio"/> No		
What division(s) will Plan Administrator #2 be responsible for? <input type="radio"/> all divisions <input type="radio"/> these divisions (specify)		
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Plan Administrator #3		
Group name	Policy number	
First name	Last name	
Email address	Phone number	Language: <input type="radio"/> English <input type="radio"/> French
Is this Plan Administrator already registered? <input type="radio"/> Yes <input type="radio"/> No		
What division(s) will Plan Administrator #3 be responsible for? <input type="radio"/> all divisions <input type="radio"/> these divisions (specify)		
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Plan Administrator #4		
Group name	Policy number	
First name	Last name	
Email address	Phone number	Language: <input type="radio"/> English <input type="radio"/> French
Is this Plan Administrator already registered? <input type="radio"/> Yes <input type="radio"/> No		
What division(s) will Plan Administrator #4 be responsible for? <input type="radio"/> all divisions <input type="radio"/> these divisions (specify)		
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Step 3: Choose your payment option

<input type="radio"/> I'm already signed up for pre-authorized debit but I'd like to change my withdrawal date <input type="radio"/> Yes, I want pre-authorized debit	Select a date between 1st– 25th (dd/mmm/yy) _____ If no withdrawal date is selected, the withdrawals will be on the 10th of the month
If you have multiple divisions with different banking information attach a separate sheet of paper clearly indicating the withdrawal date and banking information for each division.	
<p>IF YOU ARE SIGNING UP FOR PRE-AUTHORIZED DEBIT ATTACH A VOID CHEQUE</p>	
<input type="radio"/> No, I prefer to pay by cheque <input type="radio"/> I prefer to pay by internet banking	

Step 4: Sign and submit completed document to Empire Life

By signing below, I, the Policyholder:

- understand each of the Plan Administrators listed will be able to view and update employee information regarding the group policy referred to above (with the exception of detailed claim information) until he or she is removed as Plan Administrator; and
- confirm I have read, understood and agree to the [Terms and Conditions for Online Administration of Policy](#), which shall be binding on me, my successors and permitted assigns.

Pre-Authorized Debit Agreement (applies only if Pre-Authorized Debit is selected)

If I select Pre-Authorized Debit (PAD), I, the Policyholder understand and agree:

- monthly PAD arrangements may be terminated on 10 days written notice either by Empire Life or by me;
- cancellation of this PAD agreement does not constitute cancellation of service by Empire Life and I shall be liable for any past, present or future amounts owing;
- for this agreement, all withdrawals from my account will be treated as personal, and
- I have the right to be reimbursed for any withdrawal that is not authorized or is not consistent with this PAD agreement. To obtain more information, please contact your financial institution or visit Canadian Payments Association.

By signing below, I, the Policyholder authorize:

- my financial institution to honour any withdrawal per this agreement; and
- Empire Life to withdraw monthly premium payments as required, as per my instructions, and I understand that these amounts may be variable and increase or decrease.

Name of Policyholder (please print)	Email address of signor
Name of signor (please print)	Title of signor (please print)
Signature X	Date (dd/mmm/yy)
(Signor must be authorized to enter into a contract on behalf of the Policyholder)	