

# SAY YES TO eSERVICES

Review this document with the person who has decision making authority for your group benefits policy with Empire Life. Once completed and signed, return the document to Empire Life. You can scan and email it to:

[group.administration@empire.ca](mailto: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 ready to get started, tick the boxes on the right.

|            |              |
|------------|--------------|
| Group name | Group number |
|------------|--------------|

| 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          |
| 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.<br><br>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 |
| 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  |   |
| Payments       | <input type="radio"/> I'm already signed up for pre-authorized debit but I'd like to change my withdrawal date<br><input type="radio"/> Yes, I want pre-authorized debit<br><input type="radio"/> I prefer to pay by internet banking   | Select a date between 1st– 25th (dd/mmm/yy) _____<br><br>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.

**IF YOU ARE SIGNING UP FOR PRE-AUTHORIZED DEBIT ATTACH A VOID CHEQUE.**

**Step 2: List your Plan Administrator(s)** to ensure our records are up-to-date. Any plan administrator(s) previously set up will remain on the policy until we are advised to remove them.

| Plan administrator #1   |               |   |
|---|---------------|---|
| Group name  | Policy number |   |
| First name  | Last name     |   |
| Email address   | Phone number  | Language:<br><input type="radio"/> English <input type="radio"/> French |
| Is this plan administrator already registered? <input type="radio"/> Yes <input type="radio"/> No   |               |   |
| Does this plan administrator need to receive eBilling notifications? <input type="radio"/> Yes (maximum three plan administrators) <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):<br>_____ |               |   |

| Plan administrator #2   |               |   |
|---|---------------|---|
| Group name  | Policy number |   |
| First name  | Last name     |   |
| Email address   | Phone number  | Language:<br><input type="radio"/> English <input type="radio"/> French |
| Is this plan administrator already registered? <input type="radio"/> Yes <input type="radio"/> No   |               |   |
| Does this plan administrator need to receive eBilling notifications? <input type="radio"/> Yes (maximum three plan administrators) <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):<br>_____ |               |   |

| Plan administrator #3   |               |   |
|---|---------------|---|
| Group name  | Policy number |   |
| First name  | Last name     |   |
| Email address   | Phone number  | Language:<br><input type="radio"/> English <input type="radio"/> French |
| Is this plan administrator already registered? <input type="radio"/> Yes <input type="radio"/> No   |               |   |
| Does this plan administrator need to receive eBilling notifications? <input type="radio"/> Yes (maximum three plan administrators) <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):<br>_____ |               |   |

| Plan administrator #4   |               |   |
|---|---------------|---|
| Group name  | Policy number |   |
| First name  | Last name     |   |
| Email address   | Phone number  | Language:<br><input type="radio"/> English <input type="radio"/> French |
| Is this plan administrator already registered? <input type="radio"/> Yes <input type="radio"/> No   |               |   |
| Does this plan administrator need to receive eBilling notifications? <input type="radio"/> Yes (maximum three plan administrators) <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):<br>_____ |               |   |

### Step 3: Sign and submit completed document to Empire Life

By signing below, I, the Policyholder:

- am aware of the privacy rights of our employees as set out under the Personal Information Protection and Electronic Documents Act (PIPEDA) and/or corresponding Provincial Privacy Legislation, and our requirements of compliance under that legislation. I have their consent to allow (if necessary) a third party to have access to their personal information.
- am aware that all employee personal information including beneficiary designations but not detailed claims information, will be accessible for viewing and changing by the administrator
- 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 signer        |
| Name of signer (please print)  | Title of signer (please print) |
| <b>Signature</b><br><b>X</b>   | Date (dd/mmm/yy)               |
| (The signer must be authorized to enter into a contract on behalf of the policyholder) |                                |