

Each user that has permission to access your group account must complete this form.
Forms must be signed and returned to GMS Head Office by the authorized Group Benefit Plan Administrator.
Please fax the completed form to (306) 525-6360.

A. Welcome to Group Medical Services Online Administration System

Please provide us with the following information so that we are able to set up your account. It will take approximately five (5) business day for accounts to be set up.

All completed forms are to be mailed or faxed to our office at (306) 525-6359. Group Medical Services will confirm your account set up and password via Email. Please ensure that this information is kept private and confidential.

Any questions or concerns regarding Online Administration should be directed to our office. Please call (306) 352-7638 or toll free at 1-800-667-3699 and ask for our Group Administration department, or send us an email at groupadmin@gms.ca.

B. Company Information

Company Name (herein referred to as the "Client") _____
 Address _____ City _____ Province _____ Postal Code _____
 Phone Number (_____) _____ Fax Number (_____) _____

C. User Information

Name of User (Please Print) _____ Email _____

D. Group Medical Services Online Administration User Agreement

I hereby acknowledge that I agree to maintain the integrity of the Group Medical Services system by keeping my username and password information private. I also agree that upon changing employment from my current position, I will notify Group Medical Services at 1-800-667-3699 to cancel my user access immediately. Failure to do so, or the use of the system for non-work related purposes, outside the scope of the above mentioned client is hereby illegal and subject to prosecution by both the client and Group Medical Services. I also acknowledge that Group Medical Services has the right to monitor the use of the Online Administration System, including from what operating system the user may be logging in from. Under no circumstances does the client or its users have the permission to release their access information or viewing rights to any competitive insurer or private customer.

| | |
|---|--------------------|
| X _____ | DD / MM / YYYY |
| User Signature | Date |
| X _____ | DD / MM / YYYY |
| Authorized Group Administrator Signature | Date |

Note: It is the ultimate responsibility of the group to ensure that only the user(s), being a CURRENT employee, has access to the Group Medical Services Online Administration system and that proper use of the site is being maintained. Please advise in writing any termination of Group Administrators/Users so access can be changed.