



Plan Administrator Access Benecaid Online Request

Plan Administrator/Sponsor: Please complete the request form for Plan Administrator access to Benecaid portal www.accessbenecaid.com.

1. GROUP INFORMATION	
Company Name:	Group Number: (if applicable)
Plan Administrator/Sponsor Name:	Email Address:
Telephone:	Fax

2. NOTICE TO ONLINE USERS AND PLAN SPONSORS

Once enrolled with access as an administrator, access to plan member personal information will be available. It is important that a private email address is provided. Benecaid will use this email address to send the person(s) the user name and temporary password. Benecaid can customize permissions per user based on the parameters available below. Terms and Conditions can be reviewed and accepted at the initial login of Access Benecaid. A copy of the Benecaid Plan Administrator Portal Terms and Conditions can be requested by contacting Benecaid Customer Care.

3. PERSON(S) TO PROVIDE ONLINE ACCESS					
Last Name	First Name	Email Address	Edit All Access (Y/N)	View Access (Y/N)	Billing Only (Y/N)

4. PLAN ADMINISTRATOR/SPONSOR SIGNATURE	
<ul style="list-style-type: none"> Users of the Portal acknowledge and understand that users are bound to comply with the Terms and Conditions accepted at first login Users of the Portal acknowledge that the web portal may experience technical difficulties from time to time, limiting or disabling service Users of the Portal acknowledge that Benecaid may block or disable services on any grounds that are deemed reasonable and pose potential risk on member information or Benecaid Users of the Portal acknowledge and agrees to retain and produce upon request if required all original documents supporting the information processed through the web portal Users of the Portal will contact Benecaid Customer Care immediately for support if required by email at customer care@benecaid.com or calling 1-877-797-7448 Acknowledges that the Plan Sponsor is responsible for notifying Benecaid immediately if a user is not to have access or has terminated employment with the company 	
Authorized Signing Authority:	Date: