

Fort Dearborn Life Insurance Company® (FDL), a Dearborn National Brand Company, is excited you have chosen to register for the online services offered through Benefits Manager. Please fax the completed form to 1-312-540-8591. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-800-348-4512.

**This form is to be completed by the Policyholder.**

**Group Coverage Information:** Group # \_\_\_\_\_ Account # \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Section I - Benefits Manager Access**

- I request the ability to manage my group's enrollment and billing information online in real-time. I acknowledge that I will not receive a mailed billing statement. I will obtain all invoices and remittance pages online using Benefits Manager. *Not available to groups with less than 25 lives.*
- I request the ability to manage my group's enrollment and billing information online in real-time. I will receive a regular mailed billing statement. *Self-Administered groups will have access to billing information ONLY.*

As Policyholder I authorize the employee named below to access group, policy ,claims, and EOI information as stated above via www.fdl-life.com. I understand that this will allow my employee to view, add, delete or edit membership information pertaining to our policy/or policies on this Web site.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**User Information (Please print clearly)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Section II - Producer (Agent) Access**

**As Policyholder:**

- I authorize FDL to grant our Producer(s) access to our enrollment billing, claims, and EOI information via www.fdl-life.com. I understand that this will allow our Producer(s) to view, add, delete or edit membership information pertaining to our policy/or policies on this Web site.

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Producers Corner User ID: \_\_\_\_\_

Agency Name: \_\_\_\_\_ OR Producer Names AND User ID's: (Name, User ID; Name, User ID;) \_\_\_\_\_

Producer E-mail: \_\_\_\_\_

**For FDL Office Use Only - To be completed by a FDL employee.**

- Role Required:** Group Administrator
- FDL Web Billing Ext Admin/FDL GroupWeb EXT User/EOI External Access
  - FDL GroupWeb Ext User/FDL EOI External Access
  - Multi-Group User

**Attention GroupWeb Admin:**

Member Enrollment  Yes  No

List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.

Login ID (6 character maximum)	Group ID
<b>FDL.GRP.</b>	

Fort Dearborn Life Insurance Company will treat this information as confidential and will restrict access to the information as permitted by law, such as disclosures to our affiliates, agents, administrators, consultants and regulatory or governmental authorities, or as necessary to administer our Web sites and the insurance coverage's provided your Company.