



REQUEST FOR CLIENT ACCESS TO ONLINE ADMINISTRATION FUNCTIONALITIES

I request to have access granted as outlined below:

CLIENT NAME: _____ CLIENT CODE: _____

AUTHORIZED PERSON(S)

NAME:

E-MAIL ADDRESS:

Type of access (choose all that apply):

BILL VIEWER ACCESS:

METHOD OF INVOICE DELIVERY: (choose one)

Please continue sending me hardcopy invoices by mail.

Please discontinue hardcopy invoices. I will access my invoices online.

BENEFITS ADMINISTRATOR ACCESS*:

Benefits Administrator Access allows the above mentioned client representative to process member enrolments and changes using the secure, easy-to-use, web-based tool Ariel® Benefits Online.

The use of this website is subject to the terms and conditions of your contract or master application with TELUS Health and the terms and conditions of your group plan insurance policy. You are responsible for the timeliness, accuracy and completeness of all data and information entered on this website relating to the plan and your plan members.

TELUS Health reserves the right to audit your use of the website to ensure that you are in compliance of the terms and conditions of your contract or master application.

***Note that this access is not available for groups with fewer than 15 plan members.**

By signing this document you are acknowledging that you have read and agree to the above terms and conditions and that the information entered on this form is correct.

AUTHORIZING (e)SIGNATURE: _____

DATE: _____

Please fax or e-mail the completed request form to 604-632-9930 or csc@telushealth.com. The Client Service Centre will set up the authorized person with a login ID and password, and provide it to the user via e-mail. Training materials will be provided at that time.