

Access to online administration system

Submit via email: adminsupport@peoplecorporation.com

Submit via mail: 1403 Kenaston Blvd., Winnipeg MB R3P 2T5

Submit via fax: 204-488-6008

Group name: _____

Group number: _____ Division number(s): _____

User applicant name: _____ User title: _____

User email address: _____

Access to our online administration system through peoplecorporation.com is provided by People Corporation. Registering, accessing, and using this online administration system binds the user ("you") to the [terms of use for online access](#) of this agreement. This agreement may be revised by People Corporation at any time. By accessing or using the online administration system, you agree to these changes.

User access and security

- Upon receipt of this signed agreement, you will be sent a user ID and password. By accessing peoplecorporation.com and initializing your user ID and password, you adopt your User ID and password as your electronic signature in your dealings with your organization's group plan. This electronic signature is the legal equivalent of your written, signed instructions and you authorize People Corporation to accept your electronic signature for any transactions performed through online access on peoplecorporation.com
- This access cannot be transferred to another person.

Failure to comply with the terms of this agreement may result in immediate termination of your access to the online administration system and liability for damages arising from the misuse of information.

Cancellation of access

- You may cancel your access to peoplecorporation.com by writing or emailing to the address below. The cancellation will be processed within two business days of the date we receive the request.
- Access will be cancelled upon notice of termination of your organization's group plan with People Corporation.
- People Corporation has the right to suspend or terminate your access for violating any of these terms.
- People Corporation may cancel any or all services at any time without notice and will not be liable for any loss or inconvenience that may result from cancellation.

Information and Documentation Management – *please select one of the following options:*

On behalf of _____ (“we”), I verify that:
Group name

☐ I will process transactions on the online administration system and **will submit all supporting information/documentation to People Corporation** for retention.

OR

☐ I will process transactions on the online administration system and **will retain and manage all supporting information and documentation internally**. In doing so, I understand and agree to the following:

- All supporting information and documentation must be made available to People Corporation and the insuring companies upon request, should they wish to audit or review the plan data for any reason or if it is required for claim verification and payment.
- All supporting information and documentation must be retained following the termination of this agreement, the benefit plan, or the administrative relationship with People Corporation, should it be required for any claims or audit purposes after termination.
- If the supporting information and documentation is not made available, we will be held liable for any and all financial and legal repercussions.
- We agree to hold People Corporation and all insuring companies harmless from any lawsuits or judgments arising from the incorrect handling, processing, management, or retention of all supporting information and documentation.

OR

☐ I am requesting view-only access to the online administration system. I understand that I will not have the ability to make changes and will contact People Corporation directly to request any necessary updates. I will submit all supporting information and documentation to People Corporation to facilitate these updates and for record retention purposes.

Acknowledgment and Agreement to Terms

I certify that I have read and agree to the terms and conditions outlined in the [Terms of use for online access](#) document. I wish to obtain a user ID and password so I may utilize the online administration system to administer the group benefits plan. Additionally, if I elect to manage supporting information and documentation internally, I certify that I have read and agree to comply with the terms outlined above regarding retention, availability, and liability.

User applicant signature

Date

Authorized Signer's Declaration

I, the undersigned, certify that I have the authority to bind the organization to the terms outlined in this agreement, including those in the [Terms of use for online access](#) document, and those accepted by the user applicant. By signing, I acknowledge that the organization is bound to all such terms and agree that the organization will comply with them.

Print Name

Title

Authorized signature

Date