

Policy number: _____ Subdivision: _____ Telephone number: _____

Name of company: _____ Fax number: _____

E-mail: _____

First name	Last name	Sex		Language		Responsible person for				New	Cancellation
		F	M	Fr	Ang	Account/Billing	Management	Claims	Renewal		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access only to billing (for the advisor):

First name	Name	Sex		Language		New	Cancellation
		F	M	Fr	Ang		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Humania Assurance group insurance portal contains sensitive and confidential information. By signing this document, with respect to the responsibilities and access granted, you consent that the people named above can access the portal and by extension you acknowledge and express consent to access the information therein.

*** A maximum of 4 access is permitted.**

Policy administrator (print): _____

Title: _____

Policy administrator signature: _____

Date: _____