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## 1. DEFINITIONS OF ROLES AND RESPONSIBILITIES

Title	Access and responsibilities
Policyholders	Signatory of distribution contract. Power to name Super Administrators and revoke access, as required.
Super Administrator	Full access for the administration of group insurance plan benefits. Power to name one or more administrators and change or revoke access, as required.
Administrator – access to premium statements	Full access for the administration of group insurance plan benefits, including access to premium statements.
Administrator	Full access for the administration of group insurance plan benefits, with the exception of access to premium statements.
Person responsible for premium statements	Access limited to premium statements and the group's general documents.
Administrator – Read-only access	Full access, in read-only mode, to the administration of group insurance plan benefits.
Disability case manager responsible for managing disability case files.	Access for managing disability case files. Option of viewing files, generating reports and opening a claim request.

## 2. INFORMATION ABOUT THE REQUESTOR

(Policyholder, Super Administrator or authorized person, e.g. a coordinator or a director)

Last name		First name	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Group No.	Employer No.	Group name	
Email address			
Title		Telephone No.	

## 3. USER NAMING

(A form must be completed for each user)

Last name		First name	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Email address			
Title		Action <input type="checkbox"/> Authorize access <input type="checkbox"/> Change access <input type="checkbox"/> Revoke access	

#### 4. ACCESS GRANTED TO USER FOR THE “ADMINISTRATION” COMPONENT

Click on a single user among the following:

- Super Administrator (Reminder: Only the policyholder may name a Super Administrator)
- Administrator – access to premium statements
- Administrator
- Person responsible for premium statements
- Administrator – Read-only access
- No access to “Administration” component

The user will act in accordance with this request for the groups, employers and participant categories indicated below:

Group No.	Employer No.	Participant categories <sup>1</sup>

1. The different participant categories are indicated in the insurance proposal. For example, all, managers, professionals, unionized employees, etc.

#### 5. ACCESS GRANTED TO USER FOR THE “DISABILITY” COMPONENT

If no selection is made, no access, by default, will be granted to the “Disability” component:

- Disability case manager responsible for managing disability case files
- No access to “Disability” component

The user is the person responsible for managing disability case files in accordance with this request for the groups, employers and participant categories indicated below:

Group No.	Employer No.	Participant categories <sup>2</sup>

2. The different participant categories are indicated in the insurance proposal. For example, all, managers, professionals, unionized employees, etc.

## 6. REQUESTOR'S RESPONSIBILITY

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The requestor is responsible for any user he or she names. As such, he or she is responsible for:

- Maintaining the confidentiality of information in the Group Administrator's Centre.
- Ensuring that users also maintain the confidentiality of this information. The requestor must therefore limit the number of users to the minimum number required.
- Communicating any eventual change to a user status using this form.

Please note that all Group Administrator's Centre users must agree to these terms of use in order to use it.

La Capitale will not be held liable for any damage of any type whatsoever resulting directly or indirectly from the use or operation of the Group Administrator's Centre for users and the information it contains.

### REMINDER

For any enrolment application or request for change to the participant's file, the authorized person (group insurance plan administrator) is responsible for:

- Having the form signed by the participant in question.
- Keeping the original version in a safe place.
- **At the request of La Capitale**, providing within three business days, the original version of any form under its responsibility .

## 7 – SIGNATURE OF REQUESTOR

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The policyholder's signature is mandatory in order to name a Super Administrator and to grant access to an intermediary.

The Super Administrator's or the authorized person's signature is mandatory in order to name a person other than a Super Administrator.

X

Signature

Name of signatory (please print)

Date (YYYY/MM/DD)