

Each user that has permission to access a group's information through GMS' online administration tool must complete this form. All account registration forms must be signed by an Authorized Group Benefit Plan Administrator. Please use any of the methods below to send us your completed form.

**mail** Group Medical Services 2055 Albert Street PO Box 1949 Regina, SK S4N 5P4      **fax** 306.525.6360      **email** info@gms.ca

Accounts take approximately two business days to be set up. Once an account has been set up a confirmation email will be sent to the user's email address. Users must click on the activation link in the confirmation email within seven days. Please be sure to keep login information private and confidential.

A. Company Information			
Company Name <i>(herein referred to as the "Client")</i>			
Address		City	Province
Postal Code			
Phone (      )	Fax (      )	Email	

B. User Information			
Name of User <i>(please print)</i>		Email	Date of Birth <i>(DD/MM/YYYY)</i>
Address		City	Province
Postal Code			

C. Group Medical Services Online Administration User Agreement	
I hereby agree to maintain the integrity of the Group Medical Services ("GMS") Online Administration System ("OAS") by keeping my username and password confidential. I agree that upon ceasing to hold my current position I will notify GMS at 1.800.667.3699 to ensure my OAS user access is cancelled prior to my change of position. I acknowledge that access to or use of the OAS for non-work related purposes and hacking or reverse engineering of the OAS are illegal and subject to prosecution by both the Client and GMS. I acknowledge that GMS has an absolute right to monitor and track use of the OAS including a right to identify the operating system a user may use to access the OAS. Under no circumstances does the Client or its users have the permission to release their access information or viewing rights to any competitive insurer or private customer.	
User Signature <b>X</b>	Date <i>(DD/MM/YYYY)</i>
Authorized Group Administrator Signature <b>X</b>	Date <i>(DD/MM/YYYY)</i>

**Note:** It is the ultimate responsibility of the Client to ensure CURRENT employees are the only user(s) that have access to the Group Medical Services Online Administration System, and that proper use of the site is being maintained. Please advise in writing any termination of Group Administrators/Users so access can be changed.