

ACCESS APPLICATION/USER AGREEMENT TO THE ADMINISTRATORS' PORTAL

 Initial application

 Add a new administrator

 Add access to one or more division(s)

 Delete an administrator

 Delete access to one or more division(s)

Effective date of application: _____

To ensure the confidentiality and protection of your group's employees' personal information, upon receipt of this application, AGA will contact the administrator designated on file to confirm the application.

Information to be provided on the group/person in charge of the contract

| | |
|--|----------------|
| Group name | Group No. |
| Name of person in charge of the contract | Telephone No.: |

Information on the Administrator

| | | |
|--|---------------|--|
| Administrator name <input type="checkbox"/> To add <input type="checkbox"/> To delete | | |
| Group/Division address | | |
| E-mail | Telephone No. | Language <input type="checkbox"/> French <input type="checkbox"/> English |
| Specify for what division(s) access is being applied for: Divisions: <input type="checkbox"/> All <input type="checkbox"/> Specify: _____ | | |

Information on the Administrator

| | | |
|--|---------------|--|
| Administrator's name <input type="checkbox"/> To add <input type="checkbox"/> To delete | | |
| Group/Division address | | |
| E-mail: | Telephone No. | Language <input type="checkbox"/> French <input type="checkbox"/> English |
| Specify for what division(s) access is being applied for: Divisions: <input type="checkbox"/> All <input type="checkbox"/> Specify: _____ | | |

User agreement for the person in charge of the contract

The person in charge of the contract agrees to abide by the confidential nature of the personal information available on the [Administrators' Portal](#) and shall ensure that designated administrators do likewise. The person in charge of the contract agrees to delete an administrator's access to the **Administrators' Portal** at the moment when he or she shall depart from the company. The person in charge of the contract accepts the responsibility for the use of the **Administrators' Portal** and agrees that AGA shall not be liable for the access and use of the **Administrators' Portal** by the administrators, including but without being limited thereto, any use of the **Administrators' Portal** by any other person using an administrator's username and password. The person in charge of the contract does not hold AGA liable for any claims issued or damages issuing from or related to any access or use by the administrators or any other person using the administrator's

| | |
|---|------|
| Signature of the person in charge of the contract | Date |
|---|------|

Agreement governing the administrator's use

I hereby acknowledge that the use of my username and my password has the same value as my signature and that it is my full responsibility to keep this information confidential. I agree to abide by the confidential nature of the personal information available on the [Administrators' Portal](#). I undertake to receive application forms from participants, and other documents, and to enter them in the **Administrators' Portal** in accordance with the clauses of the group insurance policy. I also undertake to ensure that confirmation is received for each transaction entered, since if confirmation is not received, the transaction will not be completed by AGA Financial Group Inc. (AGA Benefit Solutions), and I understand that this verification is very important, and I undertake to perform said verification for each transaction. When using the **Administrators' Portal**, I agree to keep all originals of application forms as well as notices of change signed by the employees and to present or hand these documents over to AGA Financial Group Inc. (AGA Benefit Solutions) or to the insurer upon demand. I acknowledge being fully responsible for making the original copies of application forms and other forms, if applicable, available at all times for auditing by AGA Financial Group Inc. (AGA Benefit Solutions) or by the insurer.

| | |
|--------------------------------|------|
| Signature of the Administrator | Date |
| Signature of the Administrator | Date |

Section reserved for AGA

| | | |
|-------------------------|-------------|----------------------|
| Application received by | Received on | Access authorized on |
|-------------------------|-------------|----------------------|