



# Benefits Manager Registration

Fort Dearborn Life is excited you have chosen to register for the administrative solutions offered through Benefits Manager. Benefits Manager is designed to work with your groups chosen billing method. Please fax the completed form to 1-312-540-8591. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-800-348-4512. Benefits Manager is not available to groups located in New York.

**This form is to be completed by the Policyholder.**

**Group Coverage Information:** Group # \_\_\_\_\_ Account # \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Section I - Benefits Manager Access**

- I request the ability to manage my group's enrollment and billing information online in real-time. I acknowledge that I will not receive a billing statement from Fort Dearborn Life. I will obtain all invoices and remittance pages online using Benefits Manager. *Not available to groups with less than 25 lives.*
- I request the ability to manage my group's enrollment and billing information online in real-time. I will receive a regular billing statement from Fort Dearborn Life. *Self-Administered groups will have access to billing information ONLY.*

As Policyholder I authorize the employee named below to access group, policy and EOI information as stated above via Fort Dearborn Life's Web site (www.fdl-life.com). I understand that this will allow my employee to view, add, delete or edit membership information pertaining to our policy/or policies on this Web site.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**User Information (Please print clearly)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Section II - Producer (Agent) Access**

**As Policyholder:**

- I authorize Fort Dearborn Life to grant our Producer(s) access to our enrollment billing, and EOI information via www.fdl-life.com. I understand that this will allow our Producer(s) to view, add, delete or edit membership information pertaining to our policy/or policies on this Web site.

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name:  Producers Corner User ID:

Agency Name:  OR   
 Producer Names AND User ID's: (Name, User ID; Name, User ID;)

Producer E-mail: \_\_\_\_\_

**For FDL Office Use Only - To be completed by a Fort Dearborn Life employee.**

- Role Required:** Group Administrator
- FDL Web Billing Ext Admin/FDL GroupWeb EXT User/EOI External Access
  - FDL GroupWeb Ext User/FDL EOI External Access
  - Multi-Group User

**Attention GroupWeb Admin:**  
 Member Enrollment  Yes  No

List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.

Login ID (6 character maximum)	Group ID
<b>FDL.GRP.</b>	

Fort Dearborn Life will treat this information as confidential and will restrict access to the information as permitted by law, such as disclosures to our affiliates, agents, administrators, consultants and regulatory or governmental authorities, or as necessary to administer our Web sites and the insurance coverage's provided your Company.