



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 |
|--------------------------------|----------|
| FDL.GRP. | |
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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.