

Select your request:			
<input type="checkbox"/> New registration		<input type="checkbox"/> Delete a user	
<input type="checkbox"/> Modification to the present user			
Type of user:		Administrator <input type="checkbox"/>	Broker <input type="checkbox"/>
Section 1: Information on the company			
Contract number		Policyowner	
Section 2: Information on the user			
Please check <input checked="" type="checkbox"/> the appropriate box that corresponds to the required modification :			
<input type="checkbox"/> Language of correspondence			
<input type="checkbox"/> e-mail address			
Indicate all new information in the appropriate zone			
User's last name		User's first name	
Language of correspondence	Sex	Date of birth	
<input type="checkbox"/> French <input type="checkbox"/> English	<input type="checkbox"/> Masculine <input type="checkbox"/> Feminine	D	M Y
E-mail address			
Section 3: Required access			
Please check <input checked="" type="checkbox"/> the boxes that apply :			
		Privileges	
		Monthly billing statements access	Adherent coverage
			Access Modification
<input type="checkbox"/> All divisions and classes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Only the following divisions and classes		<input type="checkbox"/>	<input type="checkbox"/>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;"> Division number (s) </div> </div>		N/D	<input type="checkbox"/>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;"> Class number (s) </div> </div>		N/D	<input type="checkbox"/>
Should you request to add or delete privileges for division or class numbers, proceed here			
<input type="checkbox"/> Add privileges		Privileges	
<input type="checkbox"/> Delete privileges		(To add or to delete)	
		Monthly billing statements access	Adherent coverage
			Access Modification
Division number (s)		<input type="checkbox"/>	<input type="checkbox"/>
Class number (s)		N/D	<input type="checkbox"/>
Section 4: Additional information			
Section 5: Group administrator's authorization			
Group administrator's last name		Group administrator's first name	
Signature		Date	
		D	M Y