



# Plan Administrator

Website Registration Form

Return completed form  
 by fax: 1-888-841-9145  
 by mail: Group Client Services  
 Empire Financial Group  
 259 King St. E  
 Kingston ON, K7L 3A8

Please complete this form in full

**Company Information**

Group Name

Empire Policy Number(s)  Phone

**Plan Administrator 1**  Add  Remove

Last Name  First Name

Language of Preference  English  French UserID (if registered)  Email Address

Plan Administrator Role Options:  
 Select one of the following

VIEW ONLY - All Divisions  
 VIEW & UPDATE - All Divisions  
 VIEW ONLY - these Divisions (specify) 


  
 VIEW & UPDATE - these Divisions (specify)

**Plan Administrator 2**  Add  Remove

Last Name  First Name

Language of Preference  English  French UserID (if registered)  Email Address

Plan Administrator Role Options:  
 Select one of the following

VIEW ONLY - All Divisions  
 VIEW & UPDATE - All Divisions  
 VIEW ONLY - these Divisions (specify) 


  
 VIEW & UPDATE - these Divisions (specify)

**Plan Sponsor Authorization**

*The authorized user(s) will be able to view all information about an employee that we have on our records, with the exception of detailed claim information.*

Name (please print)

Signature  Title  Date  (dd-mm-yyyy)

(Signor must be authorized to sign on behalf of company)



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