



**GROUP WEB
REQUEST FOR ACCESS FOR CLIENT HR ADMINISTRATORS**

Group Number(s):	Group Name(s):
Nature of Request Create New Profile <input type="checkbox"/> Terminate <input type="checkbox"/>	Effective Date:
Name of User: Last Name: First Name: Position/Title: Telephone Number:	Authorized by: Last Name: First Name: Position/Title: Signature:
E-mail Address:	Date Authorized:
Group Insurance Administrator:	Comments:

FOR SAGICOR INTERNAL USE ONLY:

Date Received:	Date Profile Created:
Date Client advised of User ID/Password:	
Actioned by: Full Name: <i>(Please Print)</i>	Signature: