

Benefits+ Business HR Portal Access Form			
Policyholder Name : Policy No. : Renewal Date :			
Benefits+ Business HR P	Portal		
	rits+ Business clients to manage their organisation's policy i ensive reports, and see the latest panel listing (subject to avai		I have visibility over employees'
Complete this form for us to information here as well if a	have access to / modify details / remove access from to: (1) create access for you and your colleagues; (2) modify access is required. Personal information collected here will on	details for access created previously; (3) remove access. In It is used for the Benefits+ Business HR Portal registration	
	access to the details of employees from all subsidiaries unde	er this policy.	
Add / Modify / Remove (For modification, please indicate what is changed.)	Full Name	Email Address (each email address would be one unique login)	User Type (please select • HR • Intermediary)
Name of Signatory** : Designation : Date :	(signature)	Company Sta	mp

** The Signatory must be listed in the ACRA report or Annual Returns, or for Registry of Co-operative Societies, Form A – List of Office Bearers.