

Benefits+ HR Portal Access Form			
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Policyholder Name :			
Policy No. :			
Renewal Date :			
Benefits+ HR Portal			
	its+ clients to manage their organisation's policy information ports, and see the latest panel listing (subject to availability of		pility over employees' claims,
Complete this form for us to	nave access to / modify details / remove access from the control of the control o	etails for access created previously; (3) remove access. Inte	ermediaries may include their
All authorised HRs will have	access to the details of employees from all subsidiaries under	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)
	(signature)	·	
Name of Signatory**:		Company Stamp	
Designation :			
Date :			

** 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.