

To be completed by departmental personnel contacts to obtain or cease access to the Benefit Enrollment Notification System. Complete one form for each user. If you are adding a member, User and Departmental signatures are required. If you are removing a member, only the Departmental signature is required.

For assistance with this form, please contact Pension & Benefit Advisory Services at [benefits@ualberta.ca](mailto:benefits@ualberta.ca) or call (780) 492- 4555.

Please submit or fax the completed form to:

Pension & Benefit Advisory Services,  
Human Resource Services, University of Alberta  
2-60 University Terrace,  
Edmonton, AB T6G 2T4  
Fax: (780) 492-8637

**Department Information**

Department \_\_\_\_\_ Department ID \_\_\_\_\_

**User Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

CCID \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Access Information**

Please specify add or delete:          Add          Delete

Please provide all the Departmental ID's for which access or deletion is required (must be one or the other). All ID's must be seven digits. If more than eighteen ID's are needed, please place on additional page.

Departmental ID's \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization**

User Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Title \_\_\_\_\_

**Departmental Authorization (One over One)**

Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

**For HRS Use Only**

Approved by \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Approved by \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be protected under Part 2 of the Act and will be used for the purpose of benefit administration. Direct any questions about this collection to Human resource Services, 2-60 university Terrace, Edmonton AB, T6G 2T4. Telephone (780) 492-4555