

MyOnlineBenefit.com is a secure online benefit administration tool designed to help Group Administrators work with us more efficiently.

Capabilities Available with MyOnlineBenefit

View Only Access	Full Access
<ul style="list-style-type: none"> • View bill summary and billing detail • View bill and payment history • View group policies • View insured employees' certificates • View summary of benefits 	<ul style="list-style-type: none"> • Add/change insured employees • Add/change insured employees' coverage • Add/change dependents • Terminate insured employees • View Access also included with this feature

Group Administrator

Please indicate who will serve as your Group Administrator. The responsible party will receive all correspondence regarding coverage with us and will have access to all employee information, group policies and employees' certificates. If **full access** is requested, this person will be responsible for all online enrollments and employee maintenance. Please check the appropriate box for which area you would like to access (*items beginning with an asterisk are required fields*).

*View Only Access (or) *Full Access
 *Group Number (example XXX-XX-XXXXX): 904-14-07071
 *Group Name: John H Hunts MD PhD LLC
 *Contact Name: Stacie Henry
 *Street Address: 2550 Willakenzie Road, Suite 1
 *City: Eugene *State: OR *ZIP Code: 97401
 *Phone Number (including Area Code): 541-434-0922 ext 375
 *Email Address: stacie@faceandeye.com

Your company must maintain employee enrollment information including beneficiary designations.

If you would like your agent(s) to also have access to your group's information via MyOnlineBenefit.com, please provide their name and email address and check appropriate box for which area you would like them to access.

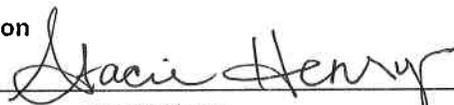
AGENT

Name: Paris Laughlin
 Agency Name: Laughlin Insurance
 Address: 10746 NE Halsey St.
Portland, OR 97220
 Email Address: paris@laughlinagency.com
 View Only Access Full Access

AGENT

Name: _____
 Agency Name: _____
 Address: _____
 Email Address: _____
 View Only Access Full Access

Group Authorization

Signature:  Date: 3/12/25
 Name (please print): Stacie Henry

Email the completed form to CompanionAcctMgmt@CompanionLife.net or fax to 563-855-7199. Once we receive your completed form authorizing type of access requested, our account management team will email your account information to the Group Administrator.

If you have any questions, please contact Companion Life Account Management at 877-676-5789, select Opt. 2.



ELECTRONIC CONSENT FORM

Disclosure and Consent Regarding Conducting Business Electronically - This is a disclosure and consent to do business with Companion Life Insurance Company electronically. By indicating your acceptance, you are agreeing that you affirmatively consent to conduct business with us electronically.

Scope of Consent - Your consent applies to all documents made available electronically over the course of your relationship with Companion Life Insurance Company, including transactions conducted through our website and documents signed electronically. Please note that some states do not permit certain documents to be delivered electronically. If applicable, you will receive such documents in paper form only.

Consent is voluntary - You are not required to conduct business electronically. If you wish to receive and/or sign paper documents, you can decline to provide your consent to this disclosure.

Right to Withdraw Consent - Once you provide your consent to do business electronically, you will have the right at any time to withdraw your consent. You must provide us with notice of your desire to withdraw your consent. The instructions for notifying us are below under the heading "Contact Information." Once we have received your notice to withdraw consent, it will be made effective as soon as reasonably possible. Once your consent is withdrawn, you will receive documents covered by this consent in paper form.

Updated Information - Some records may be delivered electronically according to contact information you provide. If the information needed to contact you electronically should ever change, you must notify us of the change and provide updated information. The instructions for notifying us of updated contact information are below under the heading "Contact Information."

Computer Hardware and Software Requirements - You will need access to a computer with a current internet browser which supports the HTTPS protocol, HTML, and acceptance of cookies in your security settings. You will need an operating system that allows you to save files or print web pages and documents. You will need Adobe Reader or similar software to view and retain documents in PDF format. If we should ever have a change in the hardware or software requirements needed to access or retain documents electronically, we will advise you of the revised hardware and software requirements.

Right to obtain paper copies - You will have the ability to download and print any documents we send or make available to you electronically. You may also request delivery of paper copies by contacting us as outlined in the "Contact Information" section below. We will provide paper copies at your request, free of charge, on an annual basis.

Contact Information - Please use one of the following methods to contact us to withdraw your consent to do business electronically, request a free paper copy of electronically delivered documents annually, or report a change in your email address:

- Email: CompanionAcctMgmt@companionlife.net
- Telephone: (877) 676-5789 Option 2
- Paper: Companion Life Insurance Company
P.O. Box 1535
Dubuque IA 52004-1535
- Website: www.companionlife.com

Agreement - By consenting to do business electronically, you understand and agree that you are able to access and read this consent and disclosure electronically and also were able to print it on paper or electronically save it for your future reference and access. Until or unless you notify us as described above, you consent to receive from us through electronic means all documents made available electronically.