

BENEFIT CONSULTANTS GROUP Online Services Authorization Form

This form authorizes Benefit Consultants Group (BCG) to activate online services for distributions, loans and enrollments for your retirement plan. Please review and complete below to identify to whom email notifications should be sent advising your plan as to participant activity.

Online Distributions

Your former employees can now request distributions online to expedite the process - all without an exchange of a single piece of paper. You will need to access your BCG plan sponsor website on a regular basis to determine if there are any outstanding requests requiring your approval. All checks will be mailed to you, as the plan sponsor, to forward to the participant. Any requests requiring special handling (i.e. overnight express, mailing the check to the participant) should not be submitted online. Likewise, plans offering an annuity form of distribution should not submit distribution requests online.

Online Loans

Your participants can now request loans online - all without an exchange of a single piece of paper for your review or approval. All checks will be mailed to you, as the plan sponsor, to forward to the participant. Any requests requiring special handling (i.e. overnight express, mailing the check to the participant) should not be submitted online. Likewise, plans offering an annuity form of distribution should not submit loan requests online.

Online Enrollment

Your employees can enroll online in 5 easy steps by leveraging this paperless process. You will need to run the Contribution Rate Change Report on your BCG plan sponsor website before each payroll submission to determine if there is a need for you to update your payroll provider to begin employee deferrals.

Please visit our video library at www.bcgbenefits.com for a more detailed explanation of these valuable new features.

NOTE: If you are not currently setup for web access as a Plan Sponsor, please complete the Web Access Form that can be found on our website by going to www.bcgbenefits.com, selecting Plan Sponsor and Forms.

Plan Name: _____

Plan Number: _____

Primary Contact: _____
(Please Print)

Primary Contact's email address: _____

Signature of Authorized Plan Representative

Date