

# BENEFIT CONSULTANTS GROUP

## WEBSITE ACCESS FORM

[www.BCGBenefits.com](http://www.BCGBenefits.com)

**Company Name:** \_\_\_\_\_

**Plan Name:** \_\_\_\_\_

**Web Access Instructions:** Please provide the names for website access. Each record must include an alphanumeric Login ID from **6 to 12** characters in length and an alphanumeric Password from **6 to 8** characters in length. The Login ID and Password are case sensitive. We recommend using all lower case entries. Please distinguish the number Zero "0" from the letter "O" by placing a slash through the Zero "Ø". Please print information clearly.

The following individuals are granted Read-Only access to our Plan's website.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Login ID: \_\_\_\_\_ Login ID: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Login ID: \_\_\_\_\_ Login ID: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Login ID: \_\_\_\_\_ Login ID: \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_

I hereby authorize the individuals listed above to have Read-Only access to our Plan's website with The Benefit Consultants Group.

\_\_\_\_\_  
Signature of Authorized Representative/Trustee

\_\_\_\_\_  
Date