PACIFIC GUARDIAN LIFE

Policyholder Authorization for Employer Online Portal Access

Pacific Guardian Life ("PGL" or "Company") will not grant access or make any user changes to PGL's employer online portal ("Pono ʻOe"), without a completed Policyholder Authorization for Employer Online Portal Access Form. Please submit completed form to TDI Administration via email to **tdiportal@pacificguardian.com.**

Part 1: Policyholder Information

Company Name ("Policyholder"): _____

Policy Number(s): _____

Part 2 – Designation of Portal Administrator

A designated portal administrator ("Administrator") is someone authorized by the Policyholder to grant, terminate or change individual user access to the e-services available through Pono ʻOe.

Note: The Administrator will have access to all the e-services within Pono ʻOe and will have access to individually identifiable personal information about employees for insurance and claims.

Portal Administrator Name: _____

Portal Administrator Title: _____

Portal Administrator Email: _____

Portal Administrator is (select one):

☒ Employer (Policyholder) ☐ Other Authorized Employee ☐ Authorized Third-Party Representative

If using this form to request a new Administrator, your existing Administrator's access will be deactivated. Please confirm access will be terminated for the following Administrator:

Name of Portal Administrator to be terminated: _____

Part 3 – Accessible E-services

I understand that the Administrator will have access to all e-services and may grant, terminate or change access to e-services for other individual users in Pono ʻOe. The following is a list of all e-services:

- Submit payments online
- View billing statements
- View claim and claim payment information
- Access to account policies and contract documents
- View and update account information
- View and download disability reports
- Portal Control Settings – Administrator controls to add, change and terminate access for individual users.

Part 4: Acknowledgement of Terms and Conditions

I acknowledge that I have the authority to act on behalf of the Policyholder to request enrollment/Administrator changes for Pono ʻOe. By completing this form, I acknowledge and accept the following terms and conditions:

1. Access to this portal is limited to authorized PGL Customers and their designated users. Users shall not share credentials and shall act only within assigned permissions. Users shall also maintain the confidentiality of all authentication credentials and comply with any required security controls.
2. Customer shall promptly notify PGL of changes to user authorization or suspected unauthorized access and Customer is responsible for any losses due to unauthorized use of the portal caused by Customer. PGL reserves the right to suspend access to protect security, comply with law, or address risk.

_____ _____

Authorized Representative Signature **Date**

_____ _____

Authorized Representative Name **Authorized Representative Title**