

Brighthouse Financial Online Servicing (“OLS”) Plan Representative Access

Check and complete the section(s) as applicable below. Not for Broker use.

SECTION 1: Plan representative profile access

Complete this section to ADD a new Plan Representative profile or MODIFY/DELETE an existing Plan Representative Profile within Brighthouse OLS.

A. Plan representative maintenance requested (Please check one)

- ADD New Plan Representative profile
- MODIFY Existing Profile – Plan Representative Information
- MODIFY Existing Profile – ADD Groups to Plan Representative
- MODIFY Existing Profile – REMOVE Groups from Plan Representative
- DELETE Existing Plan Representative Profile

B. Plan representative information: please complete the required fields.

To DELETE an Existing Plan Representative Profile, only Name and SSN are required.

First name	Middle name	Last name	
Social Security number (SSN)	Title	Mother’s maiden name	
Phone number	Email address		
Primary mailing address	City	State	ZIP
Alternate mailing address (Optional)	City	State	ZIP

C. Group(s) affected: specify the group(s) for which the access is requested. If the maintenance is applicable to multiple groups, please list additional groups in Section 2.

Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered	
	<input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	

CHECK HERE, if additional groups are listed in Section 2

D. Plan representative signature: By signing below I understand that I will be given access through Brighthouse’s OLS to confidential participant information as requested by the Plan Administrator. I agree to treat all such information confidentially in my capacity as a Plan Representative.

Sign Here	Plan Representative Signature	Date (mm/dd/yyyy)

SECTION 2: Additional groups

Use this section to submit multiple groups. (**NOTE:** Groups should be submitted together **only** if the maintenance being requested applies to **all** groups.)

Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number
Plan description (Optional)	Please indicate type of plan offered <input type="checkbox"/> ERISA plan <input type="checkbox"/> Non-ERISA Church plan <input type="checkbox"/> Non-ERISA Voluntary plan	
Group name	State	Group number

If you need to include more Groups, please attach a letter with this form listing the Group Name, State, Group Number, Plan description (Optional), and type of plan offered.

SECTION 3: Plan administrator/employer authorization (Required)

Plan administrator signature: By signing below, I hereby give the specified Plan Representative the capabilities identified with respect to participant account information. I understand that by signing below I am giving authority to the named Plan Representative to **confidential participant information** through Brighthouse's OLS. I understand that access to participant information may be subject to various state and federal privacy laws designed to maintain the privacy of individual information.

Plan Administrator		
First name	Middle name	Last name
_____	_____	_____
Title	Phone Number	Business email address
_____	_____	_____
Sign Here	Signature	Date (mm/dd/yyyy)
_____	_____	_____

SECTION 4: How to submit this form.

Mail:
Brighthouse Financial
PO Box 4261
Clinton, IA 52733-4261

Email:
Customerservice.BHF@dxc.com

SECTION 5: Website registration/access help

Phone:
1-888-243-1974

Annuities

OLS Plan Representative Access Instructions

Things to know before you begin:

The OLS Plan Representative Access Form can be used by groups or group plan representatives to request the following types of OLS Maintenance:

- Adding a new plan representative profile
- Modifying plan representative information (e.g., phone number, address, etc.) for an existing profile
- Adding groups to an existing plan representative profile
- Removing groups from an existing plan representative profile
- Deleting an existing plan representative profile
- To request one of these types of OLS maintenance, simply complete the required sections on the form

SECTION 1: Plan representative profile access

Complete this section to add, modify or delete a plan representative profile on OLS. Descriptions of the fields in this section are listed below.

A – Maintenance Requested: Specify the type of maintenance being requested by checking the appropriate box. Only one choice may be selected per request form submitted.

B – Plan Representative Information: Provide information about the plan representative for whom a profile is being added, modified or deleted.

- If ADDING a new profile, all fields must be completed (except Alternate Mailing Address, which is optional).
- If MODIFYING an existing profile, the plan representative's Name and Social Security Number are required. In addition, any fields that require updating should be filled out with the new information.
- If DELETING an existing profile, only the plan representative's Name and Social Security Number are required.

C – Group(s) Affected: Indicate the group(s) to be affected by the requested plan representative profile maintenance. At least one group MUST be specified by the following types of profile maintenance requests:

- Adding a new plan representative profile.
- Adding a group (or groups) to a plan representative profile.
- Removing a group (or groups) from a plan representative profile.

All fields must be completed, except for the *Plan Description*. The Group Number is the six or seven-digit number used by Brighthouse Financial to identify the specific group or plan. The Plan Description is not required but can be included to help specify which plan is being described, particularly for groups with multiple Brighthouse Financial plans.

If the maintenance being requested affects more than one group, additional groups can be listed in Section 2 of the form. If this is the case, be sure to check the box labeled 'CLICK HERE if additional groups are listed in Section 2. Additionally, if you need to add more plans please attach a letter to this form with the listing of additional plans as outlined under Section 2.

(NOTE: Groups should only be together on the same form if the maintenance being requested applies to them all. If groups should have different accesses or settings, they should be submitted separately).

D – Plan Representative Signature: This signature is required when a profile is being ADDED, MODIFIED or DELETED. This signature indicates that the plan representative understands the confidentiality of the information they are being given access to by the group(s).

SECTION 2: Additional Groups

This section can be completed to include additional groups for the maintenance that is being requested. Instructions for completing the fields in this section are the same as those described for Section 1, C (when plan representative profile maintenance is being requested).

(NOTE: Groups should only be submitted together on the same form if the maintenance being requested applies to them all.)

SECTION 3: Plan administrator/employer authorization (Required)

This section must be completed for any type of maintenance request. Completion of this section indicates that the OLS maintenance being requested is being requested by an authorized representative of the group(s) affected by the maintenance. It also indicates that the requestor understands the confidentiality of the information that can be accessed on OLS by the designated plan representative(s).

SECTION 4: How to submit this form

After completing this form, review it to make sure all required data has been provided. Then, the form may be submitted by the methods outlined under Section 4 of the form. Please DO NOT submit instruction pages – only the three form pages are required.