

Agnico Eagle GS+ Portal Reference Guide

This document was created to assist you in completing your **registration** and **Health and Wellness enrolment** with GreenShield.

Instructions for the Sign-up process:

Step 1:

Click **Sign up**

The screenshot shows the GreenShield+ login page. At the top, a banner reads "First time using GreenShield+? Sign up to register your account!" with a "Sign up" link. Below this is the "Sign in to GreenShield+" section, which includes input fields for "Email Address" and "Password", a "Continue" button, and a "Forgot your password?" link. A red arrow points from the "Sign up" link in the banner to a circled "1". Another red arrow points from the "Continue" button to the same circled "1".

Step 2:

Select **Through an employer or organization**

Click **Continue**

The screenshot shows the "How are you accessing GreenShield+?" page. It asks the user to "Select one of the following options:" and provides four radio button options: "Through an employer or organization", "Through a family member", "Through a personal insurance plan", and "I want to use health services but I'm not covered under a GreenShield plan". Below these are "Sign In" and "Continue" buttons. A red arrow points from the "Continue" button to a circled "2". Another red arrow points from the "Continue" button to the "Through an employer or organization" option.

Not sure what to choose?

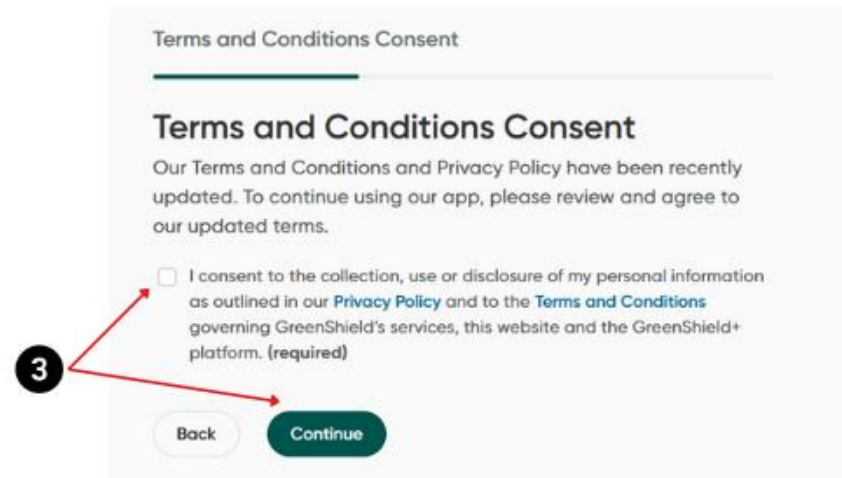
- Choose Through an employer or organization if:**
 - You have insurance, health services (like therapy, pharmacy or telemedicine), or both through a group plan.
 - You have a plan member ID or an organization code.
- Where do I find my plan member ID?**
- Choose Through a family member if:**
 - You are a dependent (for example, partner, spouse, child) with access to services like therapy, pharmacy or

Greenshield+ Sign-Up Guide

Step 3:

Check the box indicating you accept **Terms and Conditions**

Click **Continue**



Terms and Conditions Consent

Our Terms and Conditions and Privacy Policy have been recently updated. To continue using our app, please review and agree to our updated terms.

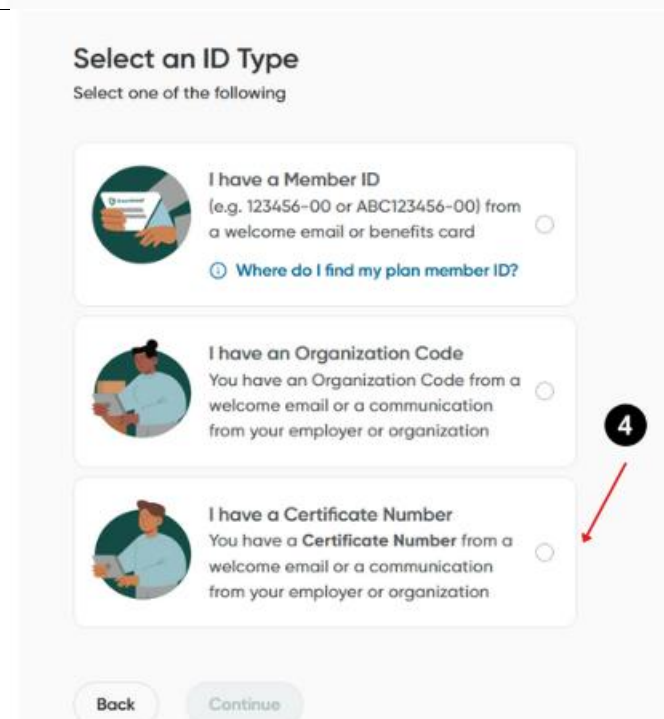
☐ I consent to the collection, use or disclosure of my personal information as outlined in our [Privacy Policy](#) and to the [Terms and Conditions](#) governing GreenShield's services, this website and the GreenShield+ platform. (required)

Back Continue

Step 4:

Select the option stating that you have a **Certificate Number**

Click **Continue**



Select an ID Type

Select one of the following

☐ I have a Member ID
(e.g. 123456-00 or ABC123456-00) from a welcome email or benefits card
[Where do I find my plan member ID?](#)

☐ I have an Organization Code
You have an Organization Code from a welcome email or a communication from your employer or organization

☐ I have a Certificate Number
You have a **Certificate Number** from a welcome email or a communication from your employer or organization

Back Continue

Greenshield+ Sign-Up Guide

Step 5:

Enter the **email** you would like to use to login to GreenShield+

This doesn't need to be your work email address.

Click **Continue**

Email Verification

Enter Your Email

Enter an email you would want to sign in with.

Email

Back

Continue

Having trouble? Find help in our Help Centre

Step 6:

You'll receive an email with a verification code

Enter the verification code

Click **Continue**

Email Verification

Verify Your Email

We've sent a code to EMAIL. Please enter the code below.

Verification Code

Didn't receive your code? Check your spam folder or [send new code](#)

Back

Continue

Step 7:

If you previously had a GreenShield+ account from our current EAP, you'll see this screen

Click **Create New Account**

If you don't have a previous account skip to Step 8.

We recognize you!

You already have an account with us. To continue with that account, select Sign In and enter your existing email and password. If you're taking advantage of a special free offer (in addition to your existing organizational or individual coverage), or have coverage with more than one organization, you can select Create New Account to add that new plan to your account.

Note: You can switch between your accounts at any time upon log in or from account settings.

Back

Sign In

Create New Account

Having trouble? Find help in our Help Centre

Greenshield+ Sign-Up Guide

Step 8:

Enter the information on the screen

Certificate Number is your Employee Number
Company Identifier/Client Number is 50030

This was also provided in your enrolment email.

Complete your **personal details**
for your GreenShield+ profile.

If prompted, **select a password**.

Insurance Details

Enter Your Insurance Details

Company Identifier *

50030

Certificate Number *

Employee ID#

Birth Date *

Your Birthdate

Back

Continue

8

Your account is set up!

You can now **complete your Health and Wellness enrolment**.



Congratulations

Steps for Completing your Health and Wellness Enrolment:

Once you log in, you'll see the following welcome screen. Click **Continue**.

Please take note of the deadline on the right-hand side. You have until the date displayed to complete your enrolment.

The screenshot shows the 'Enrolment' section of the GreenShield+ portal. The header includes the GreenShield+ logo, 'Support', 'EN', and 'PlanE Test'. The main content area is titled 'Welcome to your Agnico Eagle Benefits Plan Enrolment!' and features an illustration of two people celebrating. Below the illustration is a large green 'Continue' button. On the right side, there is a sidebar with a 'Deadline: Oct 3, 2025' and a note stating: 'You can pause the enrolment at any time. Your information is secure and you can come back whenever you're ready. However, if you do not enrol or make any changes by this time, your coverage will be defaulted based on your benefit plan rules.' Red arrows point to the 'Continue' button and the deadline information.

You may also leave and come back at any time to complete your enrolment. Your last submission is what will be saved.

A side note about language selection

We recommend not toggling back and forth between English and French while in your session. This can cause the portal to show both languages in some instances. If you'd like to switch languages, we recommend logging out and starting again in the preferred language. *At the end of this document, you can find a troubleshooting guide, if needed.*

Next is the **Terms and Conditions** page where the terms of the site are outlined. Please **check the box** and select **Continue** to proceed.

The screenshot shows the 'Terms and Conditions' page within the GreenShield+ portal. The header is identical to the previous screen. The main content area is titled 'Terms and Conditions' and contains a paragraph: 'You are authorized to disclose information about your spouse and dependents, if any, to enrol them in this Plan. By enrolling in this Plan, you authorize the following:'. This is followed by two numbered points: '1. My plan sponsor, its agents and service providers including the plan insurer, to use and exchange information collected in this enrolment to underwrite the application for group benefits, and adjudicate claims made on behalf of myself and/or my dependents.' and '2. My plan sponsor to use the information collected in this enrolment for benefits administration and to make any necessary payroll deductions, if applicable.' Below these points is a checkbox labeled 'I have read and agree to these terms and conditions.' which is currently unchecked. At the bottom, there are 'Back' and 'Continue' buttons. Red arrows point to the checkbox and the 'Continue' button. The right sidebar is also present, showing the same deadline and pause information as the previous screen.

The next page is the **Personal Information** page (**Step 1**). Outlining personal details such as name, date of birth and salary.

Should any of these items require updating, please contact your local HR representative.

← [Back to Dashboard](#) Enrolment / Personal Information

13%

Personal Information

Personal Information
Step 1 of 5

☐ Dependents

☐ Benefits

☐ Beneficiaries

☐ Confirmation

Member Details

Verify that your personal information on file is correct. If you need to update any of the following, please contact your local HR Representative.

Name	Date of Birth
PlanE Test	Jan 1, 1990
Actual Earnings	Preferred Language
\$75,000.00	English
Gender	You live in
Male	Ontario
You work in	
Ontario	

Contact Details

No active contact details

← Back **Next** → Need a break? You can exit and resume where you left off at any time

Questions?
Phone Number: 1-833-880-0087

Should you have any questions, please use the phone number at the bottom of the screen.

Click **Next** to proceed. You may also use the “**Back**” button on any page to go back a page.

Next is the **Dependents page (Step 2)**. This is where you can edit (add or remove) dependents.

To add a Spouse or Child, click **Add Spouse or Child** and complete the details for the new dependent.

GreenShield+ Support EN PT PlanE Test

Enrolment / Dependents 0%

Personal Information Step 1 of 5

Dependents Step 2 of 5

Benefits

Beneficiaries

Confirmation

Dependents

Member Name	Birth Date	Relationship	Status	Student	
PlanE Spouse	1987-08-01	Spouse	active	No	Edit Delete
PlanE Child	2022-07-06	Child	active	No	Edit Delete

← Back Next → Need a break? You can exit and resume where you left off at any time

Questions?
Phone Number: 1-833-880-0087

Next is the **Benefits page (Step 3)** where your selections can be made to choose the benefits that suit you/your family.

Please take note of any important notices at the top of the page that may apply to you.

← Back to Dashboard Enrolment / Benefits 38%

Personal Information Step 1 of 5

Dependents Step 2 of 5

Benefits Step 3 of 5

Beneficiaries

Confirmation

BENEFITS

Mandatory Benefits

These are the benefits your employer has made available to you.
Total Flex Dollars Provided: \$1,305.00/year

Important information regarding your short-term disability insurance coverage (if applicable)
Please note that your short-term disability insurance coverage amount displayed here is based only on your base salary and may not reflect your actual coverage.
At the time of a claim, your employer will confirm your eligible salary (base salary + additional eligible earnings) to iA Financial Group, who will calculate your benefit accordingly.

Important information regarding your Basic Life and AD&D benefit coverage at age 65
Please note that once you turn age 65, the benefit reduces by 50% and the coverage level will reflect the reduced amount.

Note: Sales Tax is not included in the pricing within each benefit box. For pricing that includes sales tax, please refer to the "Payroll Deductions including applicable sales tax" column on the right side of the benefits pages.

***Please be advised when adding a new dependent, you must check off the box beside their name in each benefit to include them in coverage**

Further down on the page, you will see the list of benefits that are available to you.

Use the “**View Monthly**” drop-down menu to select the pay frequency you’d like to view your benefits selections in.

The “**Manage**” button within the box for certain benefits is what you click on to choose options when there are coverage options to choose from.

The box on the right side of the page titled “**Payroll Deductions including applicable sales tax**” is where you can see any payroll deductions. *These values include tax whereas the values within the benefits box don’t include tax.*

[← Back to Dashboard](#)

Enrolment / Benefits

38%

Personal Information
Step 1 of 5

Dependents
Step 2 of 5

Benefits
Step 3 of 5

Beneficiaries

Confirmation

*Please be advised when adding a new dependent, you must check off the box beside their name in each benefit to include them in coverage

Health Care
Gold

You Pay
\$0.00

Flex Dollars Used
\$0.00

Coverage level
Employee

Effective Date
November 1st, 2025

View Monthly ^

Annually

Monthly

Weekly

Bi-Weekly

Semi-Monthly

Dental Care
Gold

You Pay
\$0.00

Flex Dollars Used
\$0.00

Coverage level
Employee

Effective Date
November 1st, 2025

Basic Life Insurance
2 x Annual Earnings

You Pay
\$0.00

Flex Dollars Used
\$0.00

Coverage level
\$150,000.00

Effective Date
November 1st, 2025

Payroll Deductions including applicable sales tax

Mandatory Benefits

Health Care\$0.00

Dental Care\$0.00

Basic Life Insurance\$0.00

Dependent Life Insurance\$0.00

Accidental Death and Dismemberment Insurance\$0.00

Short Term Disability\$0.00

Long Term Disability\$0.00

Optional Benefits

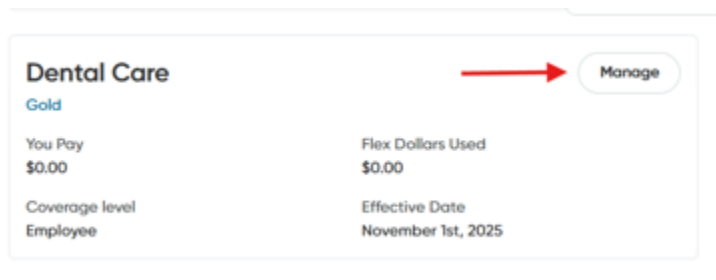
Optional Life Insurance - Employee\$6.91/month

Optional Life Insurance - Spouse\$0.00

Optional Life Insurance - Child\$0.00

Optional Critical Illness Insurance - Employee\$0.00

Making your selections



Click the **“Manage”** button to select the option you’d like coverage for. The benefit will open up to display the options available.

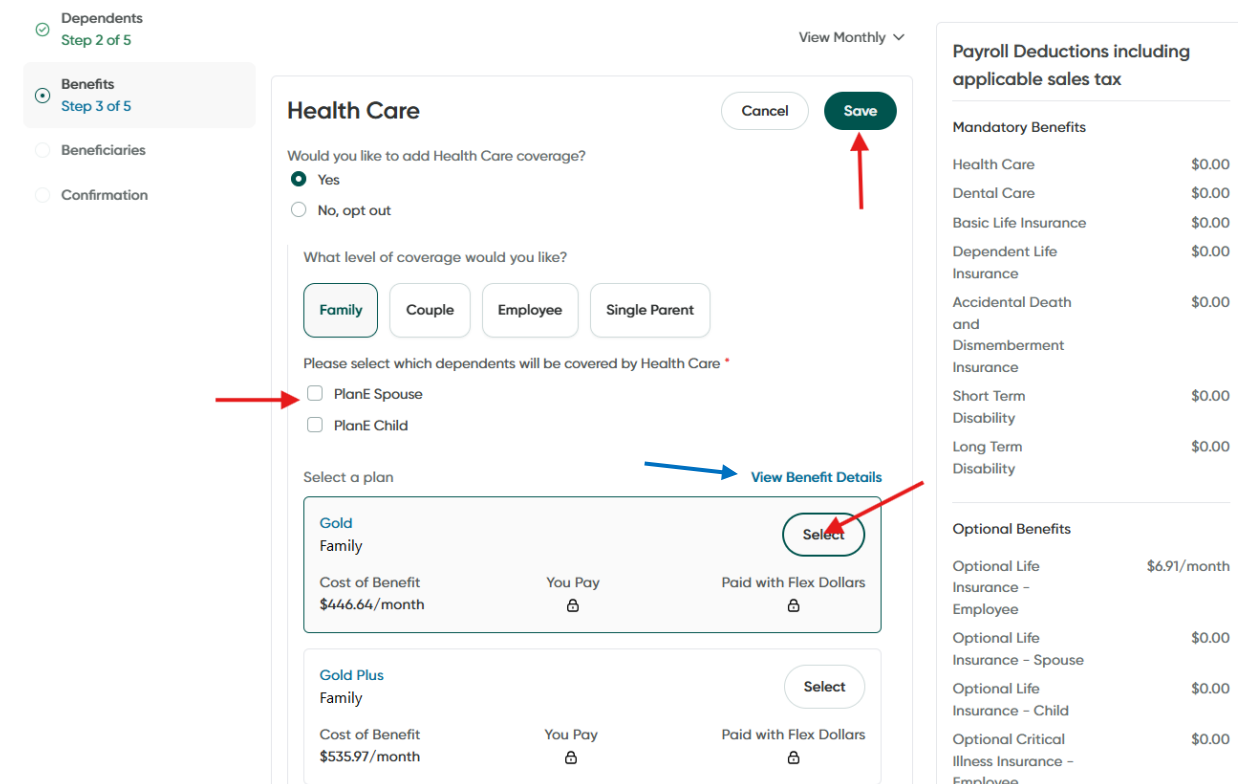
****IMPORTANT** Be sure to check the boxes beside the names of all the dependents you’d like to have coverage for.** If you added new dependents, you’ll need to check the boxes for every benefit. **If their name is not selected, they won’t have coverage for that benefit.**

Click the **“Select”** button to select the option you want.

To compare the options, click on the **“View Benefit Details”** in blue font to open a compare document that outlines the differences between Opt Out, Gold and Gold Plus coverages.

This can be viewed for Health Care and Dental Care benefits only.

Be sure to click the green **“Save”** button for each benefit or your selections won’t be saved. *Clicking on the “Save” button will also update any costs.*



Dependents
Step 2 of 5

Benefits
Step 3 of 5

Beneficiaries

Confirmation

View Monthly ▾

Health Care

Would you like to add Health Care coverage?

☒ Yes

☐ No, opt out

What level of coverage would you like?

Family Couple Employee Single Parent

Please select which dependents will be covered by Health Care *

☐ PlanE Spouse

☐ PlanE Child

Select a plan

[View Benefit Details](#)

Plan	Cost of Benefit	You Pay	Paid with Flex Dollars
Gold Family	\$446.64/month		
Gold Plus Family	\$535.97/month		

Payroll Deductions including applicable sales tax

Mandatory Benefits

Benefit	Amount
Health Care	\$0.00
Dental Care	\$0.00
Basic Life Insurance	\$0.00
Dependent Life Insurance	\$0.00
Accidental Death and Dismemberment Insurance	\$0.00
Short Term Disability	\$0.00
Long Term Disability	\$0.00

Optional Benefits

Benefit	Amount
Optional Life Insurance - Employee	\$6.91/month
Optional Life Insurance - Spouse	\$0.00
Optional Life Insurance - Child	\$0.00
Optional Critical Illness Insurance - Employee	\$0.00

The forms will be available to you at the end of the enrolment process.

Personal Information
Step 1 of 5

Dependents
Step 2 of 5

**Benefits
Step 3 of 5**

Beneficiaries

Confirmation

*Please be advised when adding a new dependent, you must check off the box beside their name in each benefit to include them in coverage

View Monthly ▾

Optional Life Insurance - Employee

Manage

\$100,000.00

Evidence of insurability required

You have coverage for a benefit that requires medical evidence of insurability. After completing your enrolment, you will be able to download the required forms. Please complete these forms as soon as possible. Until the Evidence of Insurability is approved, salary deductions will be limited to the maximum coverage amount that does not require Evidence of Insurability.

You Pay
\$6.40/month

Coverage level
\$100,000.00

Flex Dollars Used
\$0.00

Effective Date
December 30th, 1899

Optional Life Insurance - Spouse

Manage

You Pay
\$0.00

Coverage level

Flex Dollars Used
\$0.00

Effective Date
-

Payroll Deductions including applicable sales tax

Mandatory Benefits

Health Care	\$0.00
Dental Care	\$0.00
Basic Life Insurance	\$0.00
Dependent Life Insurance	\$0.00
Accidental Death and Dismemberment Insurance	\$0.00
Short Term Disability	\$0.00
Long Term Disability	\$0.00

Optional Benefits

Optional Life Insurance - Employee	\$6.91/month
Optional Life Insurance - Spouse	\$0.00

The third page of the Benefits pages is for the **Cash Benefits** where you can allocate your whole flexible dollar amount or any remaining flex dollars after paying for your benefits.

You can allocate the whole amount to one account or divide it up across multiple ones.

Please make sure to read the message at the top of the page.

The screenshot shows the GreenShield+ interface for the 'Cash Benefits' page. The top navigation bar includes the GreenShield+ logo, 'Support', 'EN', and a 'Plan: Test' dropdown. The left sidebar shows a progress bar with steps: Personal Information (Step 1 of 5), Dependents (Step 2 of 5), Benefits (Step 3 of 5, currently selected), Beneficiaries, and Confirmation. The main content area is titled 'Enrolment / Benefits' and shows a 63% completion bar. Below this, the 'CASH BENEFITS' section explains that users can elect to use flex dollars for various cash benefits. An 'Important Notes' section contains two messages regarding a 2025-2026 benefit year adjustment and a technical issue with the display. The 'Annual and Monthly Allocation' box shows: Total Flex Dollars Provided: \$1,305.00/year (\$108.75/month), Flex Dollars used to pay for benefits: \$705.00/year (\$58.75/month), Amount allocated to Cash Benefits: \$600.00/year (\$50.00/month), and Flex Dollars remaining: \$0.00. A red arrow points to the 'Flex Dollars remaining: \$0.00' line. A blue arrow points to the 'Flex Dollars remaining' label. To the right, the 'Payroll Deductions including applicable sales tax' section lists 'Mandatory Benefits' with amounts: Health Care (\$43.85/month), Dental Care (\$38.19/month), Basic Life Insurance (\$0.00), Dependent Life Insurance (\$0.00), and Accidental Death and Sickness (\$0.00).

GreenShield+

Support EN Plan: Test

← Back to Dashboard

Enrolment / Benefits 63%

BENEFITS

Cash Benefits

You may elect the full amount of your flex dollars to one or more of the cash benefits (Health Care Spending Account, Personal Spending Account, Tax Free Savings Account, Registered Retirement Savings Plan, or Registered Retirement Plan) or use your flex dollars towards your benefits and the remaining amount towards one or more of the cash benefits available. If applicable, Health Care Spending Account, Personal Spending Account, Registered Retirement Savings Plan, Registered Pension Plan and Tax Free Savings Account contributions are displayed as monthly figures. Employee paid amounts include applicable sales tax.

Important Notes:

1. The amounts you will see in your Cash Benefit accounts as of November 1st will be pro-rated by two-thirds (2/3) due to the shortened 2025-2026 Benefit Year. The full allocated amount to Cash Benefits will be applied for the 2026-2027 benefit year.

2. There is a technical issue affecting the display of amounts in the Annual and Monthly Allocation box. Our technical team is actively working to resolve this issue. Rest assured, the Payroll Deductions Calculator is working correctly. For accurate allocation amounts related to Cash Benefits, please refer to your confirmation statement.

Annual and Monthly Allocation

Total Flex Dollars Provided: \$1,305.00/year (\$108.75/month)

Flex Dollars used to pay for benefits: \$705.00/year (\$58.75/month)

Amount allocated to Cash Benefits: \$600.00/year (\$50.00/month)

Flex Dollars remaining: \$0.00

[Hide details](#)

Flex Dollars remaining

\$0.00

Payroll Deductions including applicable sales tax

Mandatory Benefits

Health Care	\$43.85/month
Dental Care	\$38.19/month
Basic Life Insurance	\$0.00
Dependent Life Insurance	\$0.00
Accidental Death and Sickness	\$0.00

The total amount of flexible dollars available to you is displayed on the page.

Once you have used up all your flex dollars, the “**Flex Dollars remaining**” balance will reflect \$0.00

How to allocate your flexible dollars:

Type the amount you want to allocate in the box under the name of the account(s) you want to allocate the funds to (for example, Health Care Spending Account).

← Back to Dashboard Enrolment / Benefits 63%

Personal Information Step 1 of 5
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Beneficiaries
Confirmation

Amount Allocated \$108.75/month Maximum Allocation \$108.75/month

Health Care Spending Account ⓘ
Allocated Amount (Monthly) \$108.75 Total annual Allocation \$1,305.00

Registered Retirement Savings Plan
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00

Registered Pension Plan
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00

Tax Free Savings Account
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00

Personal Spending Account ⓘ
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00

Save Allocations

and Dismemberment Insurance
Short Term Disability \$0.00
Long Term Disability \$0.00

Optional Benefits

Optional Life Insurance - Employee \$6.91/month
Optional Life Insurance - Spouse \$0.00
Optional Life Insurance - Child \$0.00
Optional Critical Illness Insurance - Employee \$0.00
Optional Critical Illness Insurance - Spouse \$0.00
Optional Critical Illness Insurance - Child \$0.00

You Pay ⓘ \$6.91/month

Need Additional Information?
[View benefit documents →](#)

Proceed to the next page by clicking the green “**Save Allocations**” button at the bottom.

QUICK TIP

*If you want a quick way to assign your full amount to one account, use the corresponding “**Take it**” button to allocate the full amount. Otherwise, type each separate amount into the cash benefits you want to allocate funds to.*

Flex Dollars remaining
\$50.42/month

Amount Allocated \$0.00 Maximum Allocation \$50.42/month

Health Care Spending Account ⓘ
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00
\$50.42 more available to fund this benefit. [Take it](#)

Registered Retirement Savings Plan
Allocated Amount (Monthly) \$0.00 Total annual Allocation \$0.00
\$50.42 more available to fund this benefit. [Take it](#)

The next page is the **Beneficiaries page (Step 4)** where you can assign your beneficiaries. Once you've assigned your beneficiaries, click on the green **"Next"** button.

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Enrolment / Beneficiaries

88%

Personal Information
Step 1 of 5

Dependents
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Step 3 of 5

**Beneficiaries
Step 4 of 5**

Confirmation

Beneficiaries

Edit Beneficiary Information

Note, you will need to sign a new beneficiary designation form if you make changes to your beneficiaries.

Primary Beneficiaries

Name	Relationship	Basic Life Insurance	Accidental Death and Dismemberment Insurance	Optional Life Insurance - Employee
Estate		100%	100%	100%

Contingent Beneficiaries

Name	Relationship	Basic Life Insurance	Accidental Death and Dismemberment Insurance	Optional Life Insurance - Employee
<div>No contingent beneficiaries listed</div>				

If you do not designate a beneficiary, or both primary and contingent beneficiaries pre-decease you, proceeds are paid to your estate.

← Back

Next →

Need a break? You can exit and resume where you left off at any time

The next page is the **Confirmation page (Step 5 and final step)** where you can have a chance to review all the information and selections you made on the previous pages.

GreenShield+

Support

EN

PlanE Test

[← Back to Dashboard](#)

Enrolment / Confirmation

100%

Confirmation

Click on the submit button to apply your changes. Once you submit, you will not be able to change your coverage without a qualifying Life Event or until the next Enrollment period. If you need to make any changes, click the appropriate "Edit" button in each section below.

Member Details

Verify that your personal information on file is correct. If you need to update any of the following, please contact your local HR Representative.

Name	Date of Birth
PlanE Test	Jan 1, 1990
Actual Earnings	Preferred Language
\$75,000.00	English
Gender	You live in
Male	Ontario
You work in	
Ontario	

Should you want to make changes, click the “**Edit...**” buttons available.

[← Back to Dashboard](#) Enrolment / Confirmation

Personal Information
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Step 3 of 5

Beneficiaries
Step 4 of 5

Confirmation
Step 5 of 5

Dependents

Edit Dependents

Member Name	Birth Date	Relationship	Status	Student
PlanE Spouse	1987-08-01	Spouse	active	No
PlanE Child	2022-07-06	Child	active	No

Benefits

View Monthly

Edit Benefits

Cost of Benefit (Inclusive of Sales Tax)

You Pay (Inclusive of Sales Tax)

\$666.03

\$6.91

Benefit Name	Coverage Description	Eff Date of Coverage	Coverage Level	Cost of Benefit	Flex Dollars used	Employee Paid
Health Care	Gold	2025-11-01	Employee	\$160.79	\$0.00	\$0.00
Dental Care	Gold	2025-11-01	Employee	\$52.25	\$0.00	\$0.00
Basic Life Insurance	2 x Annual Earnings	2025-11-01	\$150,000.00	\$25.11	\$0.00	\$0.00
Dependent Life Insurance	\$10K Spouse/\$5k Child	2025-02-15	\$0.00	\$2.19	\$0.00	\$0.00

Be sure to **check the box to confirm** your selections.

Then, hit the green “**Next**” button at the bottom of the page.

[← Back to Dashboard](#) Enrolment / Confirmation

Personal Information
Step 1 of 5

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Step 4 of 5

Confirmation
Step 5 of 5

Beneficiaries

Edit Beneficiaries

Primary Beneficiaries

Name	Relationship	Basic Life Insurance	Accidental Death and Dismemberment Insurance	Optional Life Insurance - Employee
Estate		100%	100%	100%

Contingent Beneficiaries

No contingent beneficiaries listed

☐ I confirm my selections and understand that this submission is final for this enrolment session.

[← Back](#)

[Next →](#)

Need a break? You can exit and resume where you left off at any time

You have completed your enrolment! If you'd like to view your **Confirmation Statement**, click the “[View my Documents](#)” link below.

The screenshot shows the GreenShield+ dashboard. At the top, there's a dark green header with the logo and navigation links. Below the header, a circular icon with a document and a checkmark is next to the text: "Congratulations PlanE, you have enrolled in your benefits for the year!". Below this, there are two buttons: "View benefit documents" and "Go to Dashboard".

Under the heading "Here's what you're covered for", there's a section titled "Benefits" with a grid of eight cards:

- Health Care:** Gold, Employee
- Dental Care:** Gold, Employee
- Basic Life Insurance:** 2 x Annual Earnings, \$150,000.00
- Accidental Death and Dismemberment Insurance:** 2 x Annual Earnings, \$150,000.00
- Short Term Disability:** 66.67% of weekly earnings, \$962.00
- Long Term Disability:** 66.67% of monthly earnings (Gold), \$4,000.00
- Optional Life Insurance - Employee:** \$100,000.00

Below the benefits section, there are two more cards:

- Life Events:** View your Life events in your Account Settings for future changes in your life or family. [View Life Events →](#)
- Confirmation Statement:** View your confirmation statement in My Documents in your Account Settings. [View My Documents →](#)

A red arrow points to the "View My Documents →" link in the Confirmation Statement card.

Below is the link to sign any documents such as Evidence of Insurability and Beneficiary forms. Click on the “**Sign Documents**” button to proceed.

The screenshot shows the "Action Items" section. It features a document icon and the text: "Complete document signing. You have outstanding documents to sign. Please ensure to sign and submit your forms in a timely manner." To the right of this text is a button labeled "Sign Documents →". A red arrow points to this button.

[Terms and Conditions](#) [Privacy Policy](#)

You'll then see the following:

The screenshot shows the "My Documents" page. At the top, there's a "Back to Account" link. Below it, the "My Documents" title is followed by "Documents" and "Videos" tabs. A yellow banner with a document icon and a lock icon says: "Requires Signing. Download, sign, and upload the following documents." Below this banner, there's a list of documents:

- Beneficiary Designation:** New Hire, PDF - Aug 28, 2025. [Sign Online](#) [Download](#)
- Confirmation Statement:** New Hire, PDF - Aug 28, 2025. [Download](#)

Congratulations, you're done!

Troubleshooting tips for the Mobile App if you're experiencing a language issue:

- logout from the app
- re-login
- change language to English
- navigate through the app and confirm if everything is in English
- logout from the app
- re-login
- change language to French
- navigate through the app and confirm if everything is in French