



Enrollment and Change Form

Company Name	
Address 1	
Address 2	
City, State & Zip	
--- User Details for hr360 Access ---	
First Name	
Last Name	
Title	
Primary Email Address	
Phone	

Requested Start Date	
NFP BNGA Producer Name	

I understand that access to the hr360 Human Resource Library is available as a value-added service, directly related to my Producer's relationship with NFP BNGA Producer Services. Access may be terminated upon the discretion of the administrator.

Authorized Group Representative's Signature	
Printed Name	
Date	

Please complete the information above and return to your Producer*

*NFP-BNGA Producers: Please remit completed form to your NFP Producer Services Team via Email: karen.connor@nfp.com or Fax: 724 940 9410