

FACILITY ASSOCIATION

151 Yonge Street • 18th Floor • Toronto • Ontario • M5C 2W7
Tel: (416) 863-1750 • Fax: (416) 868-0894 • E-mail: mail@facilityassoc.com

TO: ALL MEMBERS OF THE FACILITY ASSOCIATION

ATTENTION: CHIEF EXECUTIVE OFFICER

BULLETIN NO.: F04-029

DATE: JULY 22, 2004

SUBJECT: ALBERTA RISK SHARING POOL

With the coming introduction of the Risk Sharing Pool in the Province of Alberta, Facility Association will provide members with a web-based application to correct and transmit data to the Risk Sharing Pool. This system will be referred to as the Facility Association correction and transmission (FACT) system.

There will be two methods of transmitting premium and claims data to the Pool. They are:

- ⇒ Manual Data entry via the FACT Application
- ⇒ Data File Upload via the FACT Application

In order to access this application all members must complete the attached Request Form and Security Statement and return to Facility Association by fax (**416-868-0894**) no later than **July 30, 2004**.

Please note that companies that do not complete the System Security Statement and Request Form will not be able to access the FACT application, and thus not be able to submit data to the Alberta Risk Sharing Pool.

David J. Simpson, M.B.A., FCIP
President & C.E.O.

INFORMATION AND SYSTEM SECURITY STATEMENT

In consideration of Facility Association allowing my authorized access to its computer facilities, I understand and agree, that:

1. I will not disclose to any person my User ID(s) as assigned by Facility Association or my password(s);
2. I will use only ID(s) or password(s) assigned to me;
3. I will not pre-program any password(s) for automatic entry into any part of the computer facilities of Facility Association;
4. I will use the computer facilities of Facility Association and any software or other information relating to or contained in those facilities for the sole purpose of fulfilling my job duties;
5. I will treat as confidential any information of Facility Association and not disclose such information to any other party unless specifically authorized by Facility Association;
6. I will not, through the use of the computer facilities of Facility Association, infringe or violate the patent, copyright, license or proprietary right of any third party;
7. I will immediately advise Facility Association of any misuse of the computer and communication resources, the software or information relating to or contained in Facility Association facilities of which I become aware;
8. I will take all reasonable steps to prevent any pirated software, computer viruses and destructive programs from entering into any of the computer and communication resources of Facility Association;
9. I will not access, alter, destroy or copy any software or information relating to or stored in the computer facilities of the Facility Association unless specifically authorized by Facility Association;
10. I will take all reasonable steps to ensure the accuracy and completeness of the information I provide to Facility Association;
11. I will not collect, use or disclose personal information held by Facility Association unless specifically authorized by Facility Association.

I have read and I understand the security policies stated above and will comply with them. I understand that the failure to comply with the security policies may result in action by Facility Association.

IN WITNESS WHEREOF the undersigned has executed this Agreement on the ____ day of ____, 20__.

NAME: _____ **COMPANY:** _____

SIGNATURE: _____ **DATE:** _____

I have witnessed the signature of _____

NAME: _____ **COMPANY:** _____

SIGNATURE: _____ **DATE:** _____

Request Form (User Id & Branch Code)

Facility Association
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FA Correction & Transmission (FACT)

Instructions

Please PRINT clearly.

For all requests

- The Company Information section must be completed.
- Project Manager, must sign and fax back to (416) 868-0894

For user id request:

- The User Information section must be completed in full.
- The user and a witness must sign the security agreement.

For company branch requests:

- At least one branch code must be assigned to each IBC Reporting Company Number in the Branch Information section.

Company Information (please print)

Company Name: _____

FA Project Manager: _____

FA Project Manager Email Address: _____

User Information

User Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Please select one of the following options:

- New User ID
- More Access for Existing User ID # _____
- Cancel User ID # _____

User Access required for: ** Transmission & Correction Administrator Co-ordinator

** A Transmission & Correction User will be able to enter, transmit and correct transactions.
An Administrator User will be able to view and revive previously transmitted batches.
A Co-ordinator User can only transmit a file.
(Please reference the Risk Sharing Pool Operational Manual for the for further specifics regarding the user types)

