



# Web Benefits Access

## Request Form

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Please fill out this form for any person (i.e. Company Administrator, Broker) that should be included in communications (emails, phone calls) regarding your Web Benefits system/benefit offerings and/or be given access to your Web Benefits system. **Please note that having access to both the system and correspondence will include access to your employees' and their dependents' Personally Identifiable Information (PII).** Once complete, send to your Web Benefits representative.

### Part 1: Contact Information

Please provide the person's contact information.

Company Name Company ID

Name Email

Phone Number

### Part 2: Access to Correspondence

Please chose an option in the dropdowns below.

Should this person be included in all correspondence regarding your Web Benefits system/benefit offerings? This includes all email correspondence and meetings/calls which may contain Personally Identifiable Information (PII).

**\*If yes, they will be included in all correspondence including calls and emails, which could contain PII pertaining to your whole employee population.**

**\*If no, they will not be included in any correspondence including calls and emails.**

### Part 3: Access to the Web Benefits system

Please chose an option in the dropdowns below.

Should this person be granted Administrator access to the Web Benefits system?

Should this person be granted access to your full employee population?

**Please note that we cannot restrict access to salary information.**

If no, please describe their access to the following groups:

Company ID

Cost Center 1

Benefit Class

**Part 4: Acknowledgement & Signature**

By signing this Access Form, you authorize your Web Benefits Representative to correspond with and provide system access as stated above.

Print Your Name

Title

Company

Date

Signature