

## PASSWORD REQUEST FORM

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Along with the HIPAA laws pertaining to privacy in healthcare and to better protect the privacy of our clients, we have made our Employer section of our website password protected.

In order to gain access to this portion of our site, please print, complete and fax our Password Request Document to our IS Department at 933.6679.

Only those authorized to view this portion of the site should obtain a password. This should be regulated by your Human Resources or designated Benefit Plan Administrator. Items that can be found on this section are as follows:

- Enrollment Forms**
- Change Forms**
- Accident Forms**
- Other Insurance Forms**
- Student Information**
- Request for Reports**

Upon completion, a password will be sent to you for use in this site. A representative from our office will call to verify the information. Thank you.

<u>Name</u>	<u>Position</u>	<u>Email</u>	<u>Phone</u>	<u>Signature</u>	<u>Date</u>

*\*The completion of this form is the sole responsibility of the Employer. Any information that has been falsely supplied will be subject to penalty and regulations according to the law.*