

Security Health Online

Employer Group Access Request – Large Group

PRINT CLEARLY

Employer name			
Employer address		City	State ZIP
Phone number	Group number(s)		

1. Designate an account administrator and any additional employees who you are requesting have access to Security Health Online. The account administrator will have access to create, terminate and modify access to Security Health Online for all employees.
2. Designate which employees should have access to online reports.

Account Administrator	Name (first and last)	Access to online reports: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address	
1	Name (first and last)	Access to online reports: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address	
2	Name (first and last)	Access to online reports: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address	
3	Name (first and last)	Access to online reports: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address	
4	Name (first and last)	Access to online reports: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address	

I acknowledge that the employees listed on this form will use Security Health Online only as permitted by applicable federal and state privacy laws.

Authorized representative's name (please print)

Date

Internal use only

If the access level is different than the group size indicated, please indicate what level:

PDF only Limited Financial Full

Database name (if different than group name) _____

Agent users to assign _____

1	Name/Agency
	Email address
2	Name/Agency
	Email address
3	Name/Agency
	Email address
4	Name/Agency
	Email address
5	Name/Agency
	Email address