

Security Health Online

Employer Group Access Request – Small Group

PRINT CLEARLY

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

Below, please 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.

Account Administrator	Name (first and last)
	Email address
1	Name (first and last)
	Email address
2	Name (first and last)
	Email address
3	Name (first and last)
	Email address
4	Name (first and last)
	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