

Security Health Online

Employer Group Access Request

Instructions: Complete this form to obtain access to Security Health Online and email to shpsalessupport@securityhealth.org or fax to 715.221.9500.

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. Small group quote and renewal access applies to small group employers only and only one person can have access.

	Name	Email	Billing Reports	Small Group Quoting and Renewal
Account Administrator			<input type="checkbox"/>	<input type="checkbox"/>
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>

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

Retain a copy of this form for your records.