SecurityHealth Plan℠

Promises kept, plain and simple.®

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TTY: 711
Fax: (715) 221-9456

Email: shpemployersolutions@securityhealth.org

Employer Portal Access Request

Manage your employee health care coverage with our convenient online portal – add or remove employees, change coverage and more.

Instructions: Complete this form to obtain access to the employer portal and email the form to shpemployersolutions@securityhealth.org or fax to (715) 221-9456.

Employer name			
Employer address	City	State	ZIP
Phone			

Designate account administrator(s) who will be able to create portal user accounts for any others in your organization who need to use the employer portal.

Name	Title	Email
Name	Title	Email

I acknowledge that the account administrator(s) listed on this form will use the employer portal only as permitted by applicable federal and state privacy laws.

Name of authorized representative (print) _____

Signature _____ Date (m/d/y) ____ /____ /____

Retain a copy of this form for your records.

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