

Security Health Online

Employer Group Access Request

Instructions: Complete this form to obtain access to Security Health Online and email to your account manager or to shpsalessupport@securityhealth.org or fax to 715.221.9456.

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. Be sure to designate all employees that should have access. Not only those that are requesting new 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"/>

3. If you need Security Health Plan to terminate access to an existing user, provide their information below. Note that your designated account administrator can also terminate access through the portal.

	Name	Email
1.		
2.		
3.		

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.