



TruAssure Insurance Company
Group/Employer Website Authorization form for Group Accounts

Completing this form helps protect your members' data by identifying who has your permission to access your group's information. To help prevent an unauthorized disclosure, it's important to let us know as soon as possible of anyone who should no longer have access to your information. Complete this form in its entirety and email it to access@truassure.com. If you have any questions, please contact the Sales Team at 844-350-4433.

Group Account Number	Group Account Name
Sub Account Number (if restricting access)	Sub Account Name
Sub Sub Account Number (if restricting access)	Sub Sub Account Name

The group administrator listed in the TruAssure group application is granted access to the group/ employer website portal.

As group administrator, I request access to:
 (Choose one) View Modify with Bill Modify without Bill Remove Access

I am allowing the following internal employees and/or third party partners and/or brokers/agents to have access to my group's data on the TruAssure Employer Portal:

	Relationship to group	Access (Choose one)
Name _____ Title/Company (list company only if third party or broker/agent) _____ Phone _____ Email _____	<input type="checkbox"/> Internal Employee <input type="checkbox"/> Third Party <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify with Bill <input type="checkbox"/> Modify without Bill <input type="checkbox"/> Remove Access
Name _____ Title/Company (list company only if third party or broker/agent) _____ Phone _____ Email _____	<input type="checkbox"/> Internal Employee <input type="checkbox"/> Third Party <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify with Bill <input type="checkbox"/> Modify without Bill <input type="checkbox"/> Remove Access
Name _____ Title/Company (list company only if third party or broker/agent) _____ Phone _____ Email _____	<input type="checkbox"/> Internal Employee <input type="checkbox"/> Third Party <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify with Bill <input type="checkbox"/> Modify without Bill <input type="checkbox"/> Remove Access

What's the difference in access status?

View access — allows the person to view eligibility, reports and bills, check eligibility status and print ID cards but they cannot make online eligibility changes.

Modify access — allows the person to view the same items as above, but also allows them to make online eligibility changes.

As the group administrator:

1. I will notify TruAssure Insurance Company as soon as possible of anyone that should no longer have access to my group's information.
2. I understand that my group's information is private and confidential.
3. I will take reasonable safeguards to protect account information, including user names and passwords and comply with HIPAA privacy and security regulations (see <http://www.hhs.gov/ocr/hipaa>).
4. I will educate each person I've authorized permission for about their responsibilities to protect my group's information.
5. I understand online access can be revoked at any time and without notice.
6. I acknowledge the group shall be solely responsible for any liability arising from the use of the website account and shall indemnify, hold harmless and defend TruAssure Insurance Company against any claim arising from authorized users' use of the website account or the group's failure to safeguard account information, including, but not limited to errors and omissions and violations of state and federal privacy laws.

Signature	Date
Print name	Title
Email	Phone