



This form grants authorized individuals within your organization secure access to the CBIA Health Connections password-protected employer website and SIMON, our billing, payment, and enrollment portal. Authorized users can choose between two levels of access: (1) Full Access, which enables management of employee information (such as additions, terminations, personal details, and benefits), as well as viewing and updating employer information, renewal rates, billing, and payments; or (2) Billing and payment-only access, limited to viewing and paying premium bills. Please complete all required fields to ensure proper access is assigned. Note: A billing contact is required.

Employer Information

Company Name: _____ Company Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Account Access Designation

Table with 6 columns: Full Name, Title, Email, Office Phone, Mobile Phone, Access Type. Each row includes checkboxes for Full Access and Billing/Payment Only.

Authorization and Signature of Company Owner/Officer

I, the undersigned, confirm that the above information is accurate and that the listed individuals are authorized to access the Employer Account Portal as specified.

Authorized Signer Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____

Please submit the completed form to: hcservice@cbia.com

Fax to 860.278.0883