



Employer Registration for Online Account Access

Company Name: _____ Group No. _____

Authorized individual to register for online account access

Name: _____ Title: _____

E-mail: _____ Phone: _____

I hereby authorize the individual listed above to access my company's group insurance account. I understand this individual will be able to:

View, add, change, and terminate:

- Employee and dependent information including name, date of birth, social security number, gender, marital status, dependent relationship, home address, phone, and salary information (if required for salary based benefits)
- Employee benefit information including medical, dental, life and/or disability benefits
- Insurance rates (view only)
- Premium billing and payment information (view only)
- Pending and satisfied customer service requests (view only)
- HRA administration reports (if applicable)
- Other group insurance account related information as it becomes available online
- Any other Personal Health Information (PHI) that may be associated with your benefit plan

Owner/Officer of the company

Name: _____ Title: _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

Email completed form to: ccadmin@cbia.com

or fax completed form to 860.278.0883 or mail to:

**ConnectiCare Small Group Administration
c/o CBIA Service Corp.
350 Church Street
Hartford, CT 06103**