Employer Name:	DBA *(if applicable)*:

Please update *ONLY* the sections/information changing.

Physical Street Address *(cannot be a PO box)*:	
City, State, Zip Code:	County:

Mailing Street Address *(Only complete if different from physical address)*:	
City, State, Zip Code:	County:

Contacts: To add/update *(Signatures are required if website access is requested.)*

Primary Plan Administrator

Full Name *(Print)*:	Signature:
Email Address:	
Phone Number:	
Access to PHP's Plan Administrator website*: ☐ Yes ☐ No	

Secondary Plan Administrator

Full Name *(Print)*:	Signature:
Email Address:	
Phone Number:	
Access to PHP's Plan Administrator website*: ☐ Yes ☐ No	

Primary Billing Contact

Full Name *(Print)*:	Signature:
Email Address:	
Phone Number:	
Access to PHP's Plan Administrator website*: ☐ Yes ☐ No	Limit access to view bills/make online payments only: ☐ Yes ☐ No

Additional Billing Contact

Full Name *(Print)*:	Signature:
Email Address:	
Phone Number:	
Access to PHP's Plan Administrator website*: ☐ Yes ☐ No	Limit access to view bills/make online payments only: ☐ Yes ☐ No

Is the Primary Plan Administrator the Decision Maker? *(If no, list here)*: ☐ Yes   ☐ No

Full Name *(Print)*:	Signature:
Email Address:	
Phone Number:	
Access to PHP's Plan Administrator website*: ☐ Yes ☐ No	

Definitions
- **Plan Administrator:** The primary plan administrator will receive communications regarding your plan, including renewals. *(See *PHP's Plan Administrator Website below for access information.)*
- **Billing Contact:** The Primary Billing contact will receive communications regarding your bill.
- **Decision Maker:** Authorized individual responsible for making the decisions for benefit plan coverage for the group. This may also be the plan administrator or owner of the group.

Contact Terminations (*List those for which access should be removed.*)

Full Name:

Full Name:

Full Name:

Plan Administrator Website Access (*Do not complete this section if you requested plan administrator website access in the Contacts section.*)

Role:

Full Name *(Print)*:	**Signature:**
Email Address:	**Phone Number:**

Access to PHP's Plan Administrator website*: ☐ Yes   ☐ No

Role:

Full Name *(Print)*:	**Signature:**
Email Address:	**Phone Number:**

Access to PHP's Plan Administrator website*: ☐ Yes   ☐ No

Role:

Full Name *(Print)*:	**Signature:**
Email Address:	**Phone Number:**

Access to PHP's Plan Administrator website*: ☐ Yes   ☐ No

*PHP's Plan Administrator Website allows online access to specific employer information on PHP's website. The individuals requesting access will be able to view members and dependents, add/change/term members, order ID cards and print temporary ID cards, view contracts and benefits, and view bills and make payments online (paper statements are no longer being mailed). If you choose to request access to bills/online payment only, you will not have access to make member changes. If you choose not to request access to PHP's Plan Administrator Website, you will not be able to access your bill.

By signing this application, you agree and acknowledge: 1) to maintain the confidentiality of all information provided via PHP's website in compliance with all applicable laws and PHP's policies; 2) to not allow any other person to learn or use your passwords; 3) to notify PHP in the event we have reason to believe somebody has a password or has attempted to access the PHP Plan Administrator website without authorization; 4) to not attempt to alter any information on the website; 5) to notify PHP within 24 hours of the authorized users separation from the Employer identified above; 6) that PHP reserves the right to limit, suspend or terminate our access to the website; 7) on behalf of the employer, who is solely responsible for determining eligibility for enrollment, we have the authority to make changes to enrollment information according to employee elections and we will maintain documentation supporting such changes; and 8) that the Employer will hold PHP harmless in the event of a breach of the above terms. We hereby request and agree to electronically obtain the Group Contract and Amendments located on PHP's website at phpni.com. We will be notified by PHP when it is available. We understand that at any time we may opt out and request a free paper copy by submitting a written request to PHP.

Plan Administrator Signature: _____

Printed Name: _____

Date: _____

Return completed form to employerservices@phpni.com

PHP | 1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-432-6690 | **Toll Free:** 1-800-982-6257 | **Fax:** 260-969-2420

CF01 5/24