



TruAssure Insurance Company Broker Website Authorization for Group Accounts

Completing this form helps protect your member's 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 that should no longer have access to your information. Complete this form in its entirety and email it to lremington@truassure.com.

Group account number

Group Name

I am allowing the following Broker/Agent/Consultant or their staff to have access to my group's data on the TruAssure Insurance Company Broker Portal:

		Relationship to group	Access (Choose one)
Agent Name	Title	<input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify <input type="checkbox"/> Remove Access
Agency Name			
Phone	Email		
Agent Name	Title	<input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify <input type="checkbox"/> Remove Access
Agency Name			
Phone	Email		
Agent Name	Title	<input type="checkbox"/> Broker/Agent <input type="checkbox"/> Broker/Agent Staff	<input type="checkbox"/> View <input type="checkbox"/> Modify <input type="checkbox"/> Remove Access
Agency Name			
Phone	Email		

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:

- I will notify TruAssure Insurance Company as soon as possible of anyone that should no longer have access to my group's information.
- I understand that my group's information is private and confidential.
- 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>).
- I will educate each person I've authorized permission for about their responsibilities to protect my group's information.
- I understand online access can be revoked at any time and without notice.
- 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