

**Pebb.Benefits
 User Access Form**

I. USER INFORMATION (please check all that apply):

New user to PEBB (brand new to PDB)

Replacing current user (name): _____

Transfer from agency # _____

Update user information only

The Standard Insurance Access

Other _____

Print clearly in ink. Illegible forms will be returned to the employee. This could delay your request.

Agency name (print):	Agency number (all that apply):
Employee Name (print):	Working Title:
Phone Number:	User Name (will be assigned by PEBB):
E-mail address	

Access Level:

View Only

Edit Level:

OUS BHS Seeding:

As the **pebb.benefits** user for my agency, I agree to be responsible for:

- Communicating the importance of protecting IDs and passwords to avoid compromising security.
- Assisting PEBB members in the use of the pebb.benefits application.
- Resetting passwords for my agency's PEBB members as requested and taking the appropriate measures to verify the identity of anyone requesting access to pebb.benefits
- Making sure that changes to my personal benefits are done by another staff member in my agency unless I am the only person responsible for benefits in my agency. As part of the process I will maintain documentation for all changes.

I have read this agreement, and understand and agree to its contents, as evidenced by my signature below.

User signature: _____ Date: _____

II. AGENCY ACCESS APPROVAL:

The person authorizing user access to pebb.benefits must be the agency benefit officer, payroll manager or human resources manager. No other agency employee is authorized to grant user access to pebb.benefits.

I certify that the designated pebb.benefits user is duly authorized to carry out the responsibilities described in this agreement, and that the information provided herein is accurate, as evidenced by my signature below. I also agree that in the event of a change in duties of the user I will notify PEBB immediately to disable the user's access to the pebb.benefits system.

Signature: _____ Date: _____

Name (print): _____

Title: _____ Contact Phone#: _____

PEBB OFFICIAL USE ONLY	
Established by:	Date:
Expired by:	Date: