



MyOEGB User Access and Access Termination Form

Entity only

Submitting

Please fax this form to:

OEGB Member Services
Fax: 503-378-5832

Or mail the original document to:

OEGB Member Services
500 Summer Street NE, E-88
Salem, OR 97301-1063

Gaining Access

Select user access level (*check all that apply.*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Access | <input type="checkbox"/> Add Member Only Access | <input type="checkbox"/> Document Management Access |
| <input type="checkbox"/> View Only Access | <input type="checkbox"/> The Standard - Administrative Access | <input type="checkbox"/> Accounting - Document Management |
| <input type="checkbox"/> Main benefits/eligibility contact for OEGB staff | | <input type="checkbox"/> Main accounting contact for OEGB staff |
| <input type="checkbox"/> Report Mart Only Access | | |

Terminating Access

- ☐ Terminate access to MyOEGB
- ☐ Terminate access to The Standard - Administrative Access

User information

Entity Name

Entity Institution Number(s) - (*List all that apply*)

Employee Name

Position/Title:

Work Phone with Extension

E-mail address

User Agreement

As a MyOEBB user for my entity, I agree to be responsible for *(please initial)*:

- _____ Ensuring all changes made in the MyOEBB database comply with the OEBB Qualified Status Change (QSC) matrix, as required by federal law. To view the QSC matrix, visit www.oebbinfo.com.
- _____ Communicating the importance of protecting user information and passwords to avoid compromising security.
- _____ Assisting OEBB members in the use of the MyOEBB application.
- _____ Resetting passwords for my entity's OEBB members as requested, and taking the appropriate measures to verify the identity of anyone requesting access to MyOEBB.
- _____ Making sure changes to my personal benefits are done by another staff member at my entity unless I am the only MyOEBB user at my entity.
- _____ Maintaining electronic or form documentation for all changes made in the MyOEBB database, and
- _____ NOT transmitting social security numbers or protected health information via email or by any other non-secured method

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

User signature: _____ Date: _____

Entity authorization

The person authorizing user access to MyOEBB must be the entity superintendent, business manager, human resources manager, or carrier manager. No other entity employee is authorized to grant user access to MyOEBB. The authorizing signatory must be different than the person who is being granted access.

I certify that the designated MyOEBB user is duly authorized to carry out the responsibilities described in this agreement, and the information provided herein is accurate, as evidence by my signature below. I also agree in the event of a change in duties of the User, I will notify OEBB immediately to terminate the user's access to the MyOEBB database.

Authorizing Signature: _____ Date: _____

Authorizing Printed Name: _____

Position/Title: _____

Email: _____

OEBB USE ONLY

Processed by

Date

☐ Contact List

☐ Accounting

☐ ListServ

☐ Standard AdminEASE