

PEBB Database (PDB) User Access Form

PEBB use only

Approved by: _____

Approved date: _____

Expired by: _____

Username: _____

Return to PEBB Database Administration: PDB.Administration@dhsosha.state.or.us or Fax (503) 373-1654.

Type

- ☐ New user to PEBB
 ☐ Transfer from agency # _____
 ☐ TheStandard Insurance Access
☐ Update user information only
 ☐ Replacing current user _____
 ☐ Other

Level

- ☐ View Only
 ☐ Editing rights
 ☐ Document management
 ☐ OUS/BHS Seeding

Employee Information *(Print clearly in ink. Illegible forms will be returned and cause delays.)*

Agency name (ex. Oregon Health Authority) Agency number (5-digit agency code)

Last name First name Phone number

Working Title Email address

As the PDB admin for my agency, I agree to be responsible for:

- Communicating the importance of protecting user ID's and passwords to avoid compromising security.
- Assisting PEBB members in the use of the PDB 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 PDB.
- Making sure that changes to *my* benefit records are done by another staff member in my agency unless I am the only PDB Admin 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.

Employee Signature

Date

Agency Authorization

The person authorizing user access to PDB must be the agency Benefit Officer, Payroll Manager or Human Resource Manager. No other agency employee is authorized to grant user access to PDB.

I certify that the designated PDB 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 PDB system.

Authorized by (printed name)

Date

Authorized signature

Phone number

Title