Authorization for Group Portal Access (PHI Form)

I, _____, am authorized on behalf of _____ [group name] to identify the individuals listed below as authorized to receive a username and password to access the Beni Solutions portal and access to information regarding eligibility and enrollment. I understand that eligibility and enrollment information and reports as well as access to the enrollment web portal contain information subject to federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), and contain information such as the names, home addresses, dates of birth, and social security numbers of individuals and dependents enrolled in the benefits plan (Enrollment Data). I understand that a person can have different roles when they access Enrollment Data and the portal.

These roles include the following:

• View Only – allows a person to view all group data, but cannot process changes. This is the default account for groups who are sending EDI feeds to Beni.

• Full Access – allows a person to submit enrollment and eligibility changes through the portal. Change access will not be available if the group sends an inbound EDI feed to Beni.

Each of the individual(s) whose names appear below are authorized for the following access and roles: Logins will be sent to the email address listed below.

Name	Email	Title	View/Full Access

Beni Solutions shall be entitled to rely on any additions, deletions, or modifications to the Enrollment Data entered by an authorized individual listed above.

I understand that each of the individuals listed above will have access to Enrollment Data that is the subject of federal and state privacy, security, and data breach laws and that each understands that their access, use, and disclosure of this information shall be limited to an authorized business purpose related to administration of the benefits plan provided by Beni Solutions.

I understand that I have an ongoing responsibility to provide Beni Solutions with prompt written notice if any individual listed above no longer has permission to view or modify Enrollment Data or to have a username and password to the Enrollment Web Portal. I agree to provide written notice to the email address listed below to allow Beni Solutions to disable the user account of any person no longer authorized to access the Enrollment Data or the Beni Solutions enrollment portal.

Authorized Group Representative Acknowledgement

Authorized Signer Name	Signature	Title	Date
_____	_____	_____	_____

Email to: **portalsupport@beni.solutions**