



EAS Access Form

Company Name: _____

I, _____ (Name of owner/person with signing authority) _____ (Title)
assign the following named administrator authority to access the bClear Employee Benefits Online Administration:

Name: _____

Title: _____

Email: _____

Phone No.: _____

Effective date: _____

List all group policy number(s)/Division(s) belonging to your organization:

1. I hereby grant the named administrator access to **all policy numbers belonging to my group plan** within the bClear Employee Benefits Online Administration. There can be only **one administrator and one level of access to my company's benefit plan**.
2. I understand and confirm that the Online Administration System contains **private and confidential information** pertaining to the administration of employee benefits.
3. I understand and confirm that the authorized person I assign on this form will have access to **view benefit summaries**.
4. I authorize the administrator I assign on this form to **make changes to employee information** in the Online Administration System.
5. I understand that the bClear Employee Benefits office does not require paper forms to be submitted for online changes and as such does not maintain paper records of any online changes submitted by the named administrator. **The record keeping of any changes made online is the sole responsibility of my organization.**
6. I understand that the **username and password issued** by bClear Employee Benefits is to be used and held solely by the named administrator. The bClear Employee Benefits office assumes that all online changes are submitted by the authorized administrator. I take responsibility to prevent any misuse by my staff and accessibility will be limited to the named administrator.
7. I understand that I have to advise the bClear Employee Benefits office in writing should the named administrator change or leave my organization. I understand that the new administrator requires a new password to access the online administration system. **Old passwords shall not be transferred to new users.**

By signing, I acknowledge and agree to comply with all the above noted statements:

Print Name of Owner/
Person with signing authority

Signature

Title

Date