

The Standard will not make any user changes to The Standard's Web Portal, AdminEASE, without a completed Policyholder Authorization for AdminEASE E-Services form granting, changing or terminating access for the user. Submit completed documents via email to esupport@standard.com.

Part 1: Policyholder Information

Company Name ("Policyholder") _____

Policy Number(s) _____

Authorized Representative Name (Print) _____

Authorized Representative Title _____

Note: An Authorized Representative may grant individual access to some or all of the tools available through AdminEASE. Designated individuals, users, only will have access authorized and granted under **Part 3 – Authorized Access**, as selected by you as the Policyholder's Authorized Representative.

Part 2 – Access Request

Please complete **Part 3 – Authorized Access** below to add, change or terminate user access. Access or changes become effective as soon as this form is processed, typically within three business days. **Please note: The Primary Administrator has access to all of the e-tools within AdminEASE E-services and therefore may access individually identifiable personal information about members, applicants for insurance and claims.**

Part 3 – Authorized Access

I understand that the individual(s) named, the authorized user(s), will be able to view information available in the following online tools, e-services, as I select, and will have access to individually identifiable personal information about members, applicants for insurance and claims, depending on the tools selected:

- **Bill Pay** – View group banking information and submit payments via the online bill pay. Access can be granted at the policy level or division level as applicable.
- **Billing and Payment Details** – View billing and payment history and access current premium details and information. Access can be granted at the policy level or division level as applicable.
- **E-Billing Administration** – Update member data online for list bills; access to self-administered billing calculator. Access can be granted at the policy level or division level as applicable.
- **Contract Documents** – Access to group policies, certificates, amendments and notices. Access cannot be segregated by policy or subunit.
- **Evidence Reports** – View status of employee insurance applications online to monitor applications that require medical underwriting. Access can be granted at the report level as applicable.
- **Reports Online** – Access to disability claim status, payment and experience data. Access can be granted at the report level as applicable.
- **E-Services Administration** – Control who can access AdminEASE services.

Part 3 (Continued) - Please print name and email address clearly and select access level below.

When designating a new primary administrator, the existing primary administrator's access will be deactivated unless the existing primary administrator is listed below with a Request Type of "Change Existing User Access" and appropriate access level listed.

| | |
|---|---|
| REQUEST TYPE: Choose One _____ | RELATIONSHIP TO POLICYHOLDER: Choose One _____ |
| FIRST NAME: _____ | LAST NAME: _____ |
| EMAIL ADDRESS: _____ | |
| ACCESS LEVEL: | |
| <input type="checkbox"/> Bill Pay - Policy/Division: _____ | |
| <input type="checkbox"/> Billing and Payment Detail - Policy/Division: _____ | |
| <input type="checkbox"/> E-Billing Administration (member maintenance) / Self-Admin Template - Policy/Division: _____ | |
| <input type="checkbox"/> Contracts | |
| <input type="checkbox"/> Evidence Reports – Report Name: _____ | |
| <input type="checkbox"/> Reports Online – Report Name: _____ | |
| <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services. | |
| Comments: _____ | |

| | |
|---|---|
| REQUEST TYPE: Choose One _____ | RELATIONSHIP TO POLICYHOLDER: Choose One _____ |
| FIRST NAME: _____ | LAST NAME: _____ |
| EMAIL ADDRESS: _____ | |
| ACCESS LEVEL: | |
| <input type="checkbox"/> Bill Pay - Policy/Division: _____ | |
| <input type="checkbox"/> Billing and Payment Detail - Policy/Division: _____ | |
| <input type="checkbox"/> E-Billing Administration (member maintenance) / Self-Admin Template - Policy/Division: _____ | |
| <input type="checkbox"/> Contracts | |
| <input type="checkbox"/> Evidence Reports – Report Name: _____ | |
| <input type="checkbox"/> Reports Online – Report Name: _____ | |
| <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services. | |
| Comments: _____ | |

| | |
|---|---|
| REQUEST TYPE: Choose One _____ | RELATIONSHIP TO POLICYHOLDER: Choose One _____ |
| FIRST NAME: _____ | LAST NAME: _____ |
| EMAIL ADDRESS: _____ | |
| ACCESS LEVEL: | |
| <input type="checkbox"/> Bill Pay - Policy/Division: _____ | |
| <input type="checkbox"/> Billing and Payment Detail - Policy/Division: _____ | |
| <input type="checkbox"/> E-Billing Administration (member maintenance) / Self-Admin Template - Policy/Division: _____ | |
| <input type="checkbox"/> Contracts | |
| <input type="checkbox"/> Evidence Reports – Report Name: _____ | |
| <input type="checkbox"/> Reports Online – Report Name: _____ | |
| <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services. | |
| Comments: _____ | |

Part 4: Acknowledgement

I acknowledge that I have the authority to act on behalf of the Policyholder to request user access changes to AdminEASE E-services.

By completing this form I acknowledge the following:

- In the event the individual(s) with access to any of the e-services through AdminEASE are no longer employed or no longer have a business need to the e-services, I understand and agree that the Policyholder is responsible for notifying The Standard immediately to terminate access by completing a Policyholder Authorization for AdminEASE E-Services form and emailing it esupport@standard.com.
- By granting any individual access to AdminEASE I understand that the individual must have a legitimate business reason to access information available to the user through the granted AdminEASE E-services.
- Further, I understand and agree on my Policyholder's behalf that The Standard assumes no responsibility for the use of the information on AdminEASE by authorized individuals or the sharing of any password by authorized individuals with others who are not authorized.

Authorized Representative Signature

Signature Date