



Employer Account Access Form

This form grants authorized individuals within your organization secure access to the CBIA Health Connections password-protected employer website and SIMON, our billing, payment, and enrollment portal. Authorized users can choose between two levels of access: (1) Full Access, which enables management of employee information (such as additions, terminations, personal details, and benefits), as well as viewing and updating employer information, renewal rates, billing, and payments; or (2) Billing and payment-only access, limited to viewing and paying premium bills. Please complete all required fields to ensure proper access is assigned. Note: A billing contact is required.

Employer Information

Company Name: _____

Company Account #: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Account Access Designation

Name	Title	Business Email (required)	Mobile Phone (option for two-factor authentication)	Access*
				<input type="checkbox"/> 1 <input type="checkbox"/> 2
				<input type="checkbox"/> 1 <input type="checkbox"/> 2
				<input type="checkbox"/> 1 <input type="checkbox"/> 2
				<input type="checkbox"/> 1 <input type="checkbox"/> 2

*1 = Full Access, 2 = Billing/Payment Only

Authorization and Signature of Company Owner/Officer

I, the undersigned, confirm that the above information is accurate and that the listed individuals are authorized to access the Employer Account Portal as specified.

Authorized Signer Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____

Please submit the completed form to: HCservice@cbia.com or fax to 860-278-0883