



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 benefits administrator and billing contact are required.

Employer Information

Company Name: _____

Company Account #: _____

Address: _____

Phone Number: _____

City: _____ State: _____

Zip Code: _____

Benefits Administrator Designation (Main Insurance Contact) 1 per group - Full Access to Portal, Billing, and Payment

Name	Title	Business Email (required)	Mobile Phone <small>(option for two-factor authentication)</small>

Account Access Designation

Name	Title	Business Email (required)	Mobile Phone <small>(option for two-factor authentication)</small>	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

*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: _____

Title: _____

Signature: _____

Date: _____

Email: _____

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