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Online Employer Access Authorization and Certification Form

Please list authorized Online User(s) after the Authorized Agent Signature

Group Number: _____ Group Name: _____

Phone No.: _____ Email address: _____

By signing below, I certify that:

- I am **currently** an authorized agent of the group named above.
- I permit the below-named Online User to execute on my behalf submission of Online Employer transactions to UHA.
- I agree to accept full responsibility for the accuracy of the information submitted to UHA.
- I also certify that I will maintain on file all subscriber signatures and eligibility related information for transactions processed through UHA's Online Employer Portal, including a signed copy of the UHA enrollment form completed by the subscriber.
- I also understand that the appointment of the below-named Online User shall remain in effect until UHA receives written cancellation from me or my below-named Online User.

Authorized Agent's Name (Print): _____ Title: _____

Authorized Agent Signature: _____ Date: _____

(Agent must already be a Group Administrator, Owner, or Company Officer)

NEW Online User(s): (Print name of the person(s) being provided Online Employer access below)

Name: _____ Title: _____

Check if Third Party Administrator Email address: _____

Access to Entire Group: Yes No, only Division Number: _____

Indicate Access Level: Online Enrollment Online View Bill Online View Bill with Pay Bill*

(Please check all that apply)

*ONLY ONE USER MAY HAVE ONLINE VIEW BILL WITH PAY BILL. Contact UHA for a list of current users if necessary.

Name: _____ Title: _____

Check if Third Party Administrator Email address: _____

Access to Entire Group: Yes No, only Division Number: _____

Indicate Access Level: Online Enrollment Online View Bill Online View Bill with Pay Bill*

(Please check all that apply)

*ONLY ONE USER MAY HAVE ONLINE VIEW BILL WITH PAY BILL. Contact UHA for a list of current users if necessary.

For questions, contact:

Employer Services

808-532-4007; or toll-free 1-800-458-4600, extension 299

Please submit completed form to:

UHA

Attn: Employer Services Department
 700 Bishop Street, Suite 300
 Honolulu, HI 96813-4100

Fax: 1-877-222-3198
 Email: ES@uhahealth.com

Please allow 1-3 business days for processing.