

Insurance Administrator contact information

ACCE
accebenefitsteam@acce.org
www.acce.org



For plan services provided by ACCE Benefits Team

Please print, complete and return to ACCE at accebenefitsteam@acce.org.

Company information

Organization name _____ Location number _____

Street address _____

City _____ State _____ Zip _____

Insurance Administrators: Insurance Administrators are individuals who have access to the employee information, including salary and other personal or confidential data for the purposes of insurance administration. The top Executive Officer is always an Insurance Administrator and the only individual of the organization who may grant Insurance Administrator access. By doing so, they acknowledge and agree that the Administrator will have access to all employee, dependent, and beneficiary data necessary to accurately maintain the insurance coverages for each employee. Please note: Only one Administrator may be designated as Billing Contact. The Billing Contact will receive the insurance invoice on the 5th of each month and is the individual responsible for the review of the monthly invoice and notifying the ACCE Benefits team if any changes are necessary.

Insurance Administrator removal

Remove Administrator(s) indicated

Name _____ Date of termination of employment _____

Name _____ Date of termination of employment _____

Insurance Administrator assignment

New Insurance Administrator Billing Contact: Mail the monthly premiums invoice to this administrator

Name _____ XXX-XX- _____
Social Security Number (last four only) Date of birth

Date of hire _____ Title _____

Company (if not employed by the participating ACCE member organization) _____

Home street address _____

City _____ State _____ Zip _____

Business phone _____ Cell phone _____ Business e-mail address _____

Insurance Administrator assignment

New Insurance Administrator

Billing Contact: Mail the monthly premiums invoice to this administrator

Name Social Security Number Date of birth
(last four only)

Date of hire Title

Company (if not employed by the participating ACCE member organization)

Home street address

City State Zip

Business phone Cell phone Business e-mail address

Insurance Administrator assignment

New Insurance Administrator

Billing Contact: Mail the monthly premiums invoice to this administrator

Name Social Security Number Date of birth
(last four only)

Date of hire Title

Company (if not employed by the participating ACCE member organization)

Home street address

City State Zip

Business phone Cell phone Business e-mail address

My Signature

You have chosen to grant Insurance Administrator (user) access for the applications listed and described above.

Applications listed above may contain personal and confidential Plan and/or Plan Participant information, including, but not limited to, social security number, salary information, birth dates and employment dates. Only grant applications that contain confidential information to those users that will handle confidential information appropriately.

Some applications listed above are a Plan Administrator's responsibility and should only be granted to trusted users that are working at the specific direction of the Executive Officer. The Executive Officer should supervise the user's actions.

I have read the above application descriptions, and I hereby grant the user access to these applications. My signature authorizes ACCE to make or update our organization's Insurance Administrator information as noted above.

X

Authorized Individual for the Plan – Signature Date

Authorized Individual for the Plan – print

Organization name