This form is intended for use by client group administrators to authorize and assign or update user access to their specified group information via the Employer Portal, **amerihealthexpress.com**. As the access assigned may include visibility and/or edit capability to highly sensitive information, all assignments should be granted sparingly and by duly authorized client representatives.

Types of Access
- **Basic Portal Access** provides general news and employee benefit materials without visibility into protected information.
- **View Only Portal Access** provides view only capabilities to member, group, and account information. Specific view capabilities must be selected.
- **Administer Portal Access** provides edit and transactional capabilities to member, group, and account information. Specific edit capabilities must be selected.

Instructions
1. Fields marked with an asterisk are mandatory.
2. Each user must have a separate completed form.
3. The person completing this form must be identified.
4. Please email completed form to: **eBusEPortalSupport@amerihealth.com**

User Information
User Access Permissions*

Company Name	Coverage Effective Date
CID*	Account Executive*
Client Number*	Producing Agent/Agency

Name*	Address*
E-mail Address*	City
Phone*	State
Fax	Zip Code
☐ New User ☐ Delete User	☐ Update Existing User Access
Access Request Submitted By*	Requestor E-mail Address*
Requestor Title*	Date Requested*

Employer Portal User Access Form

Permissions selected are cumulative; please select all that apply.

Basic Portal Access
☐ Access News & Marketing Materials

View Only Portal Access
☐ View Account Information   ☐ View Group Information   ☐ View Member Enrollment
☐ Informatics Report Access   ☐ View Bills for All Accounts   ☐ Self-Funded Claims Access
                                                            (only applicable and available to self-funded clients)

Administrator Portal Access
☐ Modify Member Enrollment   ☐ Pay Bills for Indicated Accounts *(see Group Access below)*

Spending Account Access (if applicable)
☐ Spending Account Service Agreement Signed**

Group Access
☐ Access All Current Groups   **OR**   ☐ Access Specified Groups Only

Commercial Group #s	Spending Account #s

FOR INTERNAL USE ONLY	
User Name:	Date Provisioned:
Billing Account No.:	Provisioned By:

**For Spending Account access, client must provide accounts through partner banking institution

AmeriHealth
NEW JERSEY