



Authorization for Employer Online Portal Access – Guaranteed Standard Issue

The Standard will not make any user changes to The Standard’s employer online portal, without a completed Policyholder Authorization for Employer Online Portal Access form granting, changing or terminating access for the user. Submit completed documents via email to GSIService@standard.com.

Part 1: Employer Information

Company Name _____

Plan Number(s)* _____

Authorized Representative Name (Print) _____

Authorized Representative Title _____

*Plan Number indicates number appearing on bill(s) received from The Standard in which access is required.

Note: An Authorized Representative may grant individual access to some or all the tools available through the employer online portal. Designated users will only have access authorized and granted under **Part 3 – Authorized Access**, as selected by you as the Employer’s Authorized Representative.

Part 2: Access Request

Please complete **Part 3 – Authorized Access** below to add, change or terminate user access. Access or changes become effective as soon as this form is processed, typically within 5-7 business days. **Please note: The Primary Administrator has access to all the services within the employer online portal and therefore may access individually identifiable personal information about members or applicants for insurance.**

Part 3: Authorized Access

I understand that the individual(s) named, the authorized user(s), will be able to view information available in the following e-services, as I select, and will have access to individually identifiable personal information about members or applicants for insurance, depending on the services selected:

- **View GSI Bill** – View / download bills and manage bill preferences.
- **View GSI Offer Letter** – View your GSI Offer Letter to review coverages and eligibility requirements for your plan.
- **View, Search, Filter & Export Employee Detail** – View employee details and current policy details.
- **Request Name Change** – Authority to report and request updates to employee names.
- **Request Address Change** – Authority to report and request updates to employee addresses.
- **Request Job Title Change** – Authority to report and request updates to employee job titles.
- **Request Termination** – Authority to report and request employees to be removed from the plan.
- **Request Employee Addition** – Authority to report newly eligible employees and request enrollment materials.
- **Request Annual Renewal** – Authority to request to complete your annual renewal to ensure employees are adequately protected based on your plan as defined within your Offer Letter.
- **E-Services Administration** – Authority to control who can access the employer online portal. This access allows the user to add, change and terminate online access to users.

On the next page, please complete the sections below for each user. When designating a new primary administrator, the existing primary administrator’s access will be deactivated unless the existing primary administrator is listed below with a Request Type of “Change Existing User Access” and appropriate access level listed.

If more users are to be provided access, please complete and attach a second form.

REQUEST TYPE: _____ FIRST NAME: _____ COMPANY NAME: _____ EMAIL ADDRESS: _____ DO YOU HAVE EMPLOYEE BENEFITS WITH THE STANDARD: _____ DO YOU HAVE EXISTING ACCESS TO THE EMPLOYER PORTAL: _____ IF YES, EXISTING USER ID: _____ ACCESS LEVEL: <input type="checkbox"/> View GSI Billing <input type="checkbox"/> View GSI Offer Letter <input type="checkbox"/> View, Search, Filter & Export Employee Detail <input type="checkbox"/> Request Name Change <input type="checkbox"/> Request Address Change <input type="checkbox"/> Request Job Title Change Comments: _____	RELATIONSHIP TO EMPLOYER: _____ LAST NAME: _____ PHONE NUMBER: _____ <input type="checkbox"/> Request Termination <input type="checkbox"/> Request Employee Addition <input type="checkbox"/> Request Annual Renewal <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services
REQUEST TYPE: _____ FIRST NAME: _____ COMPANY NAME: _____ EMAIL ADDRESS: _____ DO YOU HAVE EMPLOYEE BENEFITS WITH THE STANDARD: _____ DO YOU HAVE EXISTING ACCESS TO THE EMPLOYER PORTAL: _____ IF YES, EXISTING USER ID: _____ ACCESS LEVEL: <input type="checkbox"/> View GSI Billing <input type="checkbox"/> View GSI Offer Letter <input type="checkbox"/> View, Search, Filter & Export Employee Detail <input type="checkbox"/> Request Name Change <input type="checkbox"/> Request Address Change <input type="checkbox"/> Request Job Title Change Comments: _____	RELATIONSHIP TO EMPLOYER: _____ LAST NAME: _____ PHONE NUMBER: _____ <input type="checkbox"/> Request Termination <input type="checkbox"/> Request Employee Addition <input type="checkbox"/> Request Annual Renewal <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services
REQUEST TYPE: _____ FIRST NAME: _____ COMPANY NAME: _____ EMAIL ADDRESS: _____ DO YOU HAVE EMPLOYEE BENEFITS WITH THE STANDARD: _____ DO YOU HAVE EXISTING ACCESS TO THE EMPLOYER PORTAL: _____ IF YES, EXISTING USER ID: _____ ACCESS LEVEL: <input type="checkbox"/> View GSI Billing <input type="checkbox"/> View GSI Offer Letter <input type="checkbox"/> View, Search, Filter & Export Employee Detail <input type="checkbox"/> Request Name Change <input type="checkbox"/> Request Address Change <input type="checkbox"/> Request Job Title Change Comments: _____	RELATIONSHIP TO EMPLOYER: _____ LAST NAME: _____ PHONE NUMBER: _____ <input type="checkbox"/> Request Termination <input type="checkbox"/> Request Employee Addition <input type="checkbox"/> Request Annual Renewal <input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services

Part 4: Acknowledgement

I acknowledge that I have the authority to act on behalf of the Employer to request user access changes to the employer online portal e-services. By completing this form I acknowledge the following:

- In the event the individual(s) with access to any of the e-services through the employer online portal are no longer employed or no longer have a business need to the e-services, I understand and agree that the Employer is responsible for notifying The Standard immediately to terminate access by completing an Employer Authorization for Employer Online Portal Access form and emailing it to GSIService@standard.com.
- By granting an individual access to the employer online portal, I understand that the individual must have a legitimate business reason to access information available to the user through the granted employer online portal.
- Further, I understand and agree on my Employer's behalf that The Standard assumes no responsibility for the use of the information on the employer online portal by authorized individuals or the sharing of any password by authorized individuals with others who are not authorized.

Authorized Representative Signature

Signature Date