

# SHBP 2010 OPEN ENROLLMENT ACCESS AGREEMENT

For access to the State Health Benefit Plan (SHBP) Open Enrollment site, I agree to keep confidential my personal access login, password and any information I may learn by accessing this system. I understand that the Open Enrollment site contains personal information on employees within my payroll location and that HIPAA regulations require that this information be held in confidence. I also agree to notify the SHBP IT Help Desk at 404-463-0212 should my position change and I no longer need access to the Open Enrollment site during the 2010 Open Enrollment period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Payroll Location Number/s

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
View Direct or SHBP Upload site  
Userid (If applicable)

**Completed form should be faxed to 866-545-3161. You will be notified by e-mail of your userid and initial password.**

## SHBP USE ONLY

Date User ID Assigned \_\_\_\_\_

User ID \_\_\_\_\_

Initial User Password \_\_\_\_\_

User Notified: \_\_\_\_\_

Termination Date \_\_\_\_\_ Directed to terminate by \_\_\_\_\_