

# USHL Employer Portal Authorized Access Form



US Health and Life

## USHL Employer Portal Administrator Access Request Form

Name of Group/Employer: \_\_\_\_\_

Division Number: \_\_\_\_\_

The following individuals should be set up with access to the noted features.

Name	Email Address	Telephone Number	Eligibility	Document Library

The above individuals have been identified as authorized users of the Employer Portal. Logins and passwords will be assigned by the USHL web portal administrator.

I understand it is my responsibility to remove the individuals who no longer require this access.

Authorized Signer Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Signed Name \_\_\_\_\_

Form must be signed by Group's Authorized Signer

Submit completed authorization form to [SalesSupport@ushealthandlife.com](mailto:SalesSupport@ushealthandlife.com) or fax to 586-693-4820.

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