



REGISTRATION

- A *Primary User Name* is the Administrator that will have access to all functionality of the Healthplex website specific to your group data.
- The Log-In (User) Name is not case sensitive.
- Healthplex will notify you when access to the website is granted.
- Please return this completed form to our **Web Support Department** at websupport@healthplex.com or fax to **516 542 2777**.

GENERAL INFORMATION

Group Name	
Group #	
Main Contact	Phone #
Email Address	Date Submitted

SPECIFY LOG-IN INFORMATION

LOG-IN (USER) NAME
ALTERNATE USER NAME
<i>Please use 4-9 characters, letters and numbers only.</i>
PASSWORD
<i>Password must be 8 or more characters and contain 3 of the following character types: lowercase, uppercase, number, special character.</i>

ACCESS LEVELS*

**The Employer/Administrator is the only person who can authorize access levels and the addition/termination of log-ins and passwords.*

- View Member Info Only** Add/Terminate/Update Member Info** Pay Bill

*** Please select one.*

Please use the reverse side to assign group users to your online account. If additional user access is needed, attach additional registration form(s).

Please be advised that it is **your responsibility to notify Healthplex immediately**, in writing, by fax or email, of the termination of any employee, or revocation of an individual's authority to have access to our website. Upon proper notification, Healthplex will remove the individual(s) from the permitted access list and delete the individual's password from its website.

FURTHER ASSISTANCE

If you have any questions regarding website use or need assistance logging in, please contact our **Web Support Department** at **1 888 468 5171**.



GROUP USER LOG-IN INFORMATION

LOG-IN (USER) NAME

ALTERNATE USER NAME

Please use 4-9 characters, letters and numbers only.

PASSWORD

Password must be 8 or more characters and contain 3 of the following character types: lowercase, uppercase, number, special character.

ACCESS LEVELS*

**The Employer/Administrator is the only person who can authorize access levels and the addition/termination of log-ins and passwords.*

- View Member Info Only**
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- Pay Bill

*** Please select one.*

GROUP USER LOG-IN INFORMATION

Employee Name

Primary User Name

Alternate User Name

Please use 4-9 characters, letters and numbers only:

Password

Password must be 8 or more characters and contain 3 of the following character types: lowercase, uppercase, number, special character.

ACCESS LEVELS*

**The Employer/Administrator is the only person who can authorize access levels and the addition/termination of log-ins and passwords.*

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*** Please select one.*

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