



TASC USER-SYSTEM ACCESS CHANGE FORM

Submit this completed form via one of the following methods:	Online Support Request	Fax
	www.tasconline.com (click <i>Contact Us</i>)	(608) 245-3623

Avoid delays in processing! Ensure all information is thorough and legible. Incomplete or unsigned forms will not be processed. Client must complete, or authorize User System Access to add, change or delete a User. Submit this completed TASC User-System Access Change Form online via a Support Request at www.tasconline.com.

CLIENT/COMPANY INFORMATION

Client/Company TASC ID #:		Client/Company Primary Phone #:	
Client/Company Name:			

CLIENT/COMPANY AUTHORIZATION INFORMATION

This section needs to be completed by an authority in your organization (i.e. owner, president, CEO, HR executive).

Name of Client/Company Representative:	
Title of Client/Company Representative:	

Signature of Client/Company Representative

Date

AGENCY OF RECORD/BROKER/PROVIDER/EMPLOYEE INFORMATION

Action:	<input type="checkbox"/> Add/New <input type="checkbox"/> Update Current <input type="checkbox"/> Replace <input type="checkbox"/> Delete Record			
Current Agency of Record/ Broker/Provider/Employee:				
TASC ID #:				
NEW Effective Date:				
NEW Agency of Record/ Broker/Provider/Employee:				
TASC ID #:		Email Address:		
Primary Phone #:		Phone Type:	<input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Primary Address:	Address Line 1:			Apt:
	Address Line 2:			
	City:			
	State:		ZIP/Postal Code:	



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Does NEW contact need login access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Type:	<input type="checkbox"/> Client <input type="checkbox"/> Distributor <input type="checkbox"/> Carrier <input type="checkbox"/> Vendor
Business Function:	<input type="checkbox"/> HR <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Operations <input type="checkbox"/> Accounting <input type="checkbox"/> Auditor <input type="checkbox"/> Billing <input type="checkbox"/> Contract Administrator <input type="checkbox"/> Files <input type="checkbox"/> Technology
File Access Type:	<input type="checkbox"/> ACA Reporting <input type="checkbox"/> Census <input type="checkbox"/> COBRA <input type="checkbox"/> Enrollment <input type="checkbox"/> Posting Verification
NEW contact replaces the primary billing contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
User Access Role:	<input type="checkbox"/> Administrator <input type="checkbox"/> Benefit Plan Manager <input type="checkbox"/> Employee Manager <input type="checkbox"/> File Specialist <input type="checkbox"/> Financial Manager <input type="checkbox"/> Billing Manager <input type="checkbox"/> Reports Manager <input type="checkbox"/> Reviewer
Division/Divisions:	Division Name: <input type="checkbox"/> Billing <input type="checkbox"/> Primary Division Contact
Communications Preferences	<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Push Notification (Recipient's Email):

**For assistance: call toll-free 800-422-4661
Have your form, employer name, and the Client ID# ready.**