benefits access authorization

|  |
| --- |
| Employer (or plan administrator) |
|       |
| Person requesting change | Type of request |
|       | [ ]  NEW [ ]  Inactive |

# Profile information

|  |  |  |
| --- | --- | --- |
| Name | Phone1 | Email address |
|       |       |       |
| Title | Department |
| [ ]  CEO [ ]  CFO [ ]  Director [ ]  Other       | [ ]  Accounting [ ]  HR [ ]  Payroll [ ]  Other       |
| External employer vendor access2 |
| [ ]  Broker [ ]  Payroll vendor [ ]  Financial advisor [ ]  Other       |
| Change applicable to the following benefits (check all that apply). |
| [ ]  FSA [ ]  HRA [ ]  HSA [ ]  LSA [ ]  P/T [ ]  COBRA For internal purpose only: forward this form to all benefits departments for applicable changes. |

# AuthorizE Access

Check all that apply.

|  |  |
| --- | --- |
| [ ]  | Contact permission (authorizes Alerus to confirm personal data for the above-mentioned employer) |
| [ ]  | Alerus communications, (e.g., education, enrollment notes, etc.) |
| [ ]  | Online access (check all that apply) |
|  | [ ]  Employee data (view/edit employee data including benefit enrollment, personal information, card status, and claims history) |
|  | [ ]  Reports (generate benefit reports including account balance, enrollment, card status, payroll deduction, and funding) |
|  | [ ]  Imports (demographic, enrollment, or contributions) |

# Terminate Access

|  |  |
| --- | --- |
| [ ]  | Remove all access for the contact mentioned above. Contact is no longer employed/associated with our company. |

# Signature

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |
| Employer signature |  | Print name and title |  | Date |

To submit: Log in to employer access on **alerusrb.com**. Select **Requests** from left side menu. Select **New** **Request**. From the drop-down, choose **Other** and select **Next**. Once you have detailed your request, select **Submit Request**.

If ONLY submitting for COBRA: Email the form to **cobra@alerus.com**.

1 For verification purposes the number must be a direct line or cell phone, no extensions please.

2 Employer has engaged external service provider to provide certain services to the plan as outlined in a separate agreement between employer and service provider. For the benefit of Alerus Financial, National Association (“Alerus”), this authorization form outlines the rules and responsibilities related to service providers designation of users (indicated above) to access employer’s Alerus-sponsored website. Users (as indicated above) will have certain access (indicated above) to employer’s Alerus-sponsored website to manage individual employee data. Among other tasks, users may review and modify various information related to the plan: Including, without limitation, employee names, employee history, employee provider, account summary, dependents, advance account balances, on hold contributions, claims, contributions, enrollments, elections, payments, and payment information.

External service provider is solely responsible for the selection of certain employees or agents (“users”) who will receive user IDs, passwords, or other access to the Alerus-sponsored website. External service provider acknowledges and agrees that it: (i) will grant access to users who are its employees or independent contractors who provide direct services to the plan; (ii) will reset the password upon the termination of any employee or independent contractor who was a user; (iii) monitors users and maintain user ID and password security; and (iv) will not allow any user ID or password to be available to any person other than the authorized user.

External service provider is solely responsible for all actions or inactions of its users, regardless of whether such user’s activity was authorized. Alerus is not responsible for service provider’s or user’s acts, omissions, negligence, or intentional or willful acts. Service provider is solely responsible for users’ conformance with all applicable federal and state privacy laws and regulations, including, but not limited to, HIPAA and related state laws. External service provider will notify Alerus immediately if it believes that a user ID or password has been lost, stolen, misappropriated, or if security is otherwise potentially compromised. External service provider and employer agree to indemnify, hold harmless, and defend Alerus from and against any and all liabilities, losses, damages, claims, lawsuits, causes of action, costs, and expenses (including reasonable attorney fees) Alerus may incur because of user’s activity or inactivity.

Employer acknowledges that it is responsible for the selection and authorization of the service provider. This service provider authorization form remains in effect until the employer notifies Alerus in writing of any change. Alerus will implement the change as soon as administratively feasible thereafter. This authorization form is subject to the services agreement and any and all other agreements between the employer and Alerus or the employer and Retirement Planning Services, Inc. dba 24HourFlex. This authorization form does not modify such underlying agreement(s).