

PORTAL AUTHORIZATION FORM



Broker Name: _____ (“Broker or Broker Agency”), hereby authorizes and requests that Tufts Health Plan provide, to the individual(s) designated below, electronic access to information pertaining to Broker and Broker’s clients (Broker Information) and allow these individual(s) to perform certain functions on the Tufts Health Plan website, that may include renewal processing, commission statement presentment, and/or electronic funds registration (EFT) for Tufts Health Plan and Tufts Health Freedom Plan business. Pursuant to this Portal Authorization form, Tufts Health Plan will grant access to the Agency Administrator or Signatory designated below and to Authorized Users designated by the Agency Administrator. Broker agrees to immediately notify Tufts Health Plan if a user should no longer be an authorized user (e.g. Agency Administrator or user has left Broker’s employment). Tufts Health Plan may provide these designated individuals with access to information relating to the Broker’s current clients and any future clients (once Broker of Record documentation and Agent Documentation has been provided by the client) as long as this Portal Authorization Form is in effect. The Agency Administrator will be responsible for communicating to Tufts Health Plan the identity of all additional Authorized Users whom Broker authorizes to access Broker Information and perform website functions on behalf of the Broker. Signatory hereby grants that authority and responsibility to the Agency Administrator designated below.

Broker understands that he/she is responsible for compliance with all applicable federal and state requirements concerning the confidentiality of healthcare information, and that Broker retains ultimate responsibility for the actions and use of that information by those designated pursuant to this Portal Authorization Form. Broker agrees to take certain precautions, comply with certain practices, implement certain procedures and enter into any other agreements or documents required by HIPAA and other applicable law for the purposes of guarding data integrity and safeguarding the confidentiality of healthcare information. Broker understands that Tufts Health Plan will require that any person Broker designates as an Agency Administrator or Authorized User must accept certain Terms or Use agreeing to comply with, among other things, HIPAA and other requirements concerning the confidentiality and security of private healthcare information. Broker further understands that it is Broker’s responsibility to inform Tufts Health Plan of any changes to Agency Administrator or Authorized User designation below. And that Tufts Health Plan or Broker can terminate this Portal Authorization Form at any time upon prior written notice.

Broker acknowledges that he/she has reviewed the Tufts Health Plan and/or Tufts Health Freedom Plan policies and standards* as applicable. Broker understands that he/she is responsible for compliance with the terms set forth in the policies and standards. Broker understands that the terms set forth in those policies and standards apply to this electronic access to the same extent they applied previously.

The date of signature will be deemed the effective date of this Portal Authorization Form unless otherwise stated.

BrokerLink Tools

Commercial Group Business

- Small group quoting
- Small group renewals
- Commission information, statements, EFT registration and reporting functionality
- Bonus information

PORTAL AUTHORIZATION FORM SIGNATURE REQUIREMENTS

For the purposes of website registration and signature requirements for this Portal Authorization Form, the individual signing this document must be an individual empowered by that entity to bind the entity in this legal agreement (e.g.: CEO, CFO, General Counsel, President, Vice President, Partner, Treasurer).

I, the Signatory, certify that I am an authorized representative empowered Broker in this legal document.
I have read, understand, and agree to the terms of this Portal Authorization Form:

Print Name _____

Signature _____ Date _____

Name of Agency _____

Tax ID# or S.S. # _____ Email Address _____

Check here if you would like access to Commissions:

Check here if you would like access to Bonus information:

Check here if you would like access to Reporting (Large Group 100+):

Agency Administrators:

An Agency Administrator sets up new users, disables users who should no longer have access, and gives users access to:

- 1) Small Group Quoting, 2) Small Group Renewals, 3) Commissions, 4) Bonus and 5) Reporting (Lg Grp 100+).

An Agency Administrator is usually the Signatory but the Signatory can designate another person to be the Agency Administrator.

Please indicate below the Authorized User(s) who should have access and which access level he/she should have.

Print Name	Email Address	Agency Admin	Quoting	Commissions	Bonus	Reporting Lg Grp 100+
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Policies and Standards include, but are not limited to, Terms of Use; Legal, Security, and Privacy Policies; and Terms and Conditions. Tufts Health Plan must authorize bonus access. For information call 800-419-1000. Please email form to brokerforms@tufts-health.com or fax to 617-923-5880, attention Brokerforms.