

# CHANGE ACCESS ADMINISTRATOR FORM



Broker Name: \_\_\_\_\_ (“Broker”) hereby designates the individual listed below as the new Access Administrator for the Broker’s Tufts Health Freedom Plan and Tufts Health Freedom Plan website account. Broker understands that the designated Senior Access Administrator: (1) may grant and terminate an individual’s access to Broker’s website account, and (2) is responsible for managing Broker’s website account.

Change Access Administrator Form signature requirements:

The individual signing this document must be an individual empowered by that entity to bind the entity in this legal agreement (e.g. CEO, COO, General Counsel, Vice President, Partner).

I, the Signatory, certify that I am an authorized representative empowered Broker in this legal document.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Agency \_\_\_\_\_

Tax ID# or S.S. # \_\_\_\_\_ Email Address \_\_\_\_\_

I choose to delegate the administration of Broker’s Tufts Health Freedom Plan and Tufts Health Freedom Plan website account to:

- Myself
- Another Individual (If you check this box, please fill out the information below.)

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

- Check here if you would like this person to have access to Commissions
- Check here if you would like this person to have access to Bonus information\*

\*Tufts Health Plan must authorize Bonus access. For information call 800-419-1000.

Please fax form to the Tufts Health Freedom Plan and Tufts Health Freedom Plan at 617-923-5880, or email to [brokerforms@tufts-health.com](mailto:brokerforms@tufts-health.com).