

CHANGE SENIOR ACCESS ADMINISTRATOR FORM



Instructions for completing this Change Senior Access Administrator Form:

- Complete and sign the Change Senior Access Administrator Form.
- Fax your completed form to (617) 923-5898, or mail your form to the following address:
Tufts Health Plan
Attention: Enrollment & Premium Billing
705 Mount Auburn Street - P.O. Box 9172
Watertown, MA 02472-9172

(Employer Group)

hereby designates the individual listed below as the new Senior Access Administrator for Employer Group's Tufts Health PlanWeb site account. Employer Group understands that the designated Senior Access Administrator: (1) may grant and terminate an individual's access to Employer Group's Tufts Health Plan Web site account, and (2) is responsible for managing Employer Group's Tufts Health PlanWeb site account.

Change Senior 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). Must be an officer or employee of your company. The Senior Access Administrator cannot be a broker.

I certify that I am an authorized representative empowered to bind Employer Group in this legal document.

Print Name

Print Title

Employer Group

Phone Number

Email Address

Signature

Date

I choose to delegate the administration of Employer Group's Tufts Health PlanWeb site account to:

- Myself
- Another individual

Print First Name

Print Last Name

Phone Number

Email Address