ACCESS REQUEST FORM – ONLINE BENEFIT MANAGER PORTAL – INSURED

GROUP INFORMATION

GROUP NAME: ____ ___
GROUP NUMBER: ____
GROUP BENEFIT COVERAGE: ☐ Dental Only ☐ Vision Only ☐ Vision & Dental
GROUP STATE:____
SUBLOCATIONS: ☐ ALL ☐ OTHER:
____

KEY USER INFORMATION

AUTHORIZED KEY USER'S NAME: ____

AUTHORIZED KEY USER'S BUSINESS EMAIL ADDRESS: ____
(Username and password will be emailed to this address)

AUTHORIZED KEY USER'S WORK PHONE NUMBER: ____
Please note only the Authorized Key User, listed above, will have the ability to grant other individuals access to FCL Dental's online group portal. The Authorized Key User and other individuals granted access by the Authorized Key User will collectively be referred to as "Authorized Individuals." It will be the responsibility of the Authorized Key User to maintain the listing of all users for this organization including any additions, terminations or modifications.

ACCESS OPTIONS: ☐ View and Changes ☐ View Only (for groups using eligibility file feeds)

TERMS AND CONDITIONS: First Continental Life and Accident Insurance Company Administrative Services ("FCL Dental") permits groups to open website accounts for use by Authorized Individuals, subject to approval by FCL Dental in its sole discretion, for the purpose of submitting timely, accurate and complete group enrollment data to FCL Dental on the Group's behalf. The Group, acting through its undersigned representative, (a) certifies that, subject to FCL Dental's approval, the Authorized Individuals are authorized to submit enrollment data to FCL Dental on the Group's behalf; (b) accepts FCL Dental's Terms and Conditions of Use, available for review online at www.fcldental.com; and (c) agrees to the following conditions: (1) FCL Dental may rely on this electronically submitted enrollment data to the same extent as if submitted by non-electronic means; (2) Group will undertake reasonable measures to safeguard account information, including username and password, and to prevent unauthorized access to the website account by someone acting or purporting to act on the Group's behalf; (3) the Authorized Key User will not grant access to any third party (i.e., anyone not part of the Group's workforce) and will instead request that any third party broker, consultant, TPA or other party contracted to perform treatment, payment or health care operations on behalf of Group request access directly through FCL Dental; (4) Group shall be solely responsible for any liability arising from the use of the website account and shall indemnify, hold harmless and defend FCL Dental against any claim arising from an Authorized Individual's use of the website account or the Group's failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; (5) the individual signing this application has the authority to permit the requested access and bind the Group to (i) FCL Dental's Terms and Conditions of Use and (ii) the terms and conditions set forth above.

Group Administrator Name: ___________________________________

Group Administrator Phone: ___________________

Group Administrator's Signature: ___________________________________

Date signed: ________________________________

Once completed, please fax to 832-415-0381 or scan and email to dentaladmin@fcldental.com