

## User Access Request Form

This form is used for user access requests. All forms must be signed by the authorized Group Benefits Administrator and user to be processed. Any field indicated with a \* must be completed. This form will not be processed without the information filled out. Please email the completed form to [BlueInsights@azblue.com](mailto:BlueInsights@azblue.com).

Step 1: User Information *Required field			
Request Type:* <input type="checkbox"/> New User <input type="checkbox"/> Change User <input type="checkbox"/> Delete User			Date of Request:*
Organization Name:*			
First Name:*	M.I.:	Last Name:*	
Primary Phone Number:* <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Other _____			
Work Email Address:*			
<p>Use of WhYzen BHI reporting and data aggregation services are as permitted by the Group Business Administrator. I am aware of and agree to abide by the Blue Cross Blue Shield Business Associate Agreement regarding the confidentiality of protected information. The unauthorized possession, use, copying, or reading of protected information in any medium, or the unauthorized disclosure of information contained in such records, is strictly forbidden. Activity under my user ID shall be my responsibility. I agree to protect the confidentiality of the data by:</p> <ul style="list-style-type: none"> <li>• Never sharing my passwords or my access</li> <li>• Always logging off when leaving a terminal or workstation</li> <li>• Never disclosing confidential information except when required for my job and when properly authorized</li> <li>• Only copying data from the database, as authorized</li> <li>• Always taking reasonable precautions to secure copied data</li> </ul>			
Signature:*			Date:*

Step 2: Group Benefits Administrator *Required field			
Group Name:*			Group ID:*
Organization Name:*			
First Name:*	M.I.:	Last Name:*	
Group Address Line 1:			
Group Address Line 2:			
City:	State:	ZIP:	Country: USA
I hereby authorize this user to access this group's data using the WhYzen BHI reporting tool.			
Signature:*			Date:*