

Benefit Manager Toolkit® Registration Form



Because Benefit Manager Toolkit contains sensitive information, we carefully control access to it. As a result, you must complete this form for each person who needs an account. You may list several people on this form. Indicate the type of access required for each person listed. Note: Paper billing details are no longer included with your invoice. Billing details are only available via Benefit Manager Toolkit to individuals who have the appropriate access indicated on this form.

Section 1: Client Information CLIENTS, AGENTS, THIRD PARTY ADMINISTRATORS

CLIENT NAME	CLIENT NUMBER	SUBCLIENT NUMBERS
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Section 2: User Information CLIENTS, AGENTS, THIRD PARTY ADMINISTRATORS

USER ID <small>REQUIRED FOR EXISTING GROUPS ONLY</small>	NAME	PHONE NUMBER	TYPE OF ACCESS	ADD	REMOVE
			CLIENT SECURITY CONTACT* UPDATE AND VIEW ELIGIBILITY VIEW ELIGIBILITY ONLY CLIENT KNOWLEDGE** BILLING DETAILS	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
			CLIENT SECURITY CONTACT* UPDATE AND VIEW ELIGIBILITY VIEW ELIGIBILITY ONLY CLIENT KNOWLEDGE** BILLING DETAILS	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
			CLIENT SECURITY CONTACT* UPDATE AND VIEW ELIGIBILITY VIEW ELIGIBILITY ONLY CLIENT KNOWLEDGE** BILLING DETAILS	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
			CLIENT SECURITY CONTACT* UPDATE AND VIEW ELIGIBILITY VIEW ELIGIBILITY ONLY CLIENT KNOWLEDGE** BILLING DETAILS	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

* **Client Security Contact** is responsible for overseeing user access for their group and requesting changes. **One Client Security Contact per group**
 ** **Client Knowledge** may not be available to your group.

Section 3: Client Contact Information CLIENTS ONLY

To confirm that each user is authorized, we must speak personally with the representative from your organization previously identified as our contact person. The information below helps us identify that person.

CLIENT CONTACT NAME	CLIENT CONTACT TITLE	PHONE NUMBER	BEST TIME TO REACH YOU
PERSON AUTHORIZING ACCESS, IF DIFFERENT FROM CONTACT		E-MAIL ADDRESS	

Section 4: Agency Information AGENTS ONLY

AGENCY NAME	NAME OF AGENT (REGISTERED WITH RENAISSANCE)	PHONE NUMBER	BEST TIME TO REACH YOU
PERSON AUTHORIZING ACCESS, IF DIFFERENT FROM CONTACT			
DO YOU HAVE A BUSINESS ASSOCIATE AGREEMENT SIGNED WITH RENAISSANCE? <input type="radio"/> YES <input type="radio"/> NO	AGENCY TAX IDENTIFICATION NUMBER	E-MAIL ADDRESS	

Section 5: Third Party Administrator Information THIRD PARTY ADMINISTRATORS ONLY

TPA COMPANY NAME	ADDRESS	CITY	STATE	ZIP
DO YOU HAVE AN AUTHORIZATION FORM SIGNED WITH RENAISSANCE? <input type="radio"/> YES <input type="radio"/> NO				
		PHONE	FAX	E-MAIL ADDRESS

We will contact users directly via encrypted e-mail with their user ID and password once we receive confirmation from the person authorizing access. We will only give the user this information directly.

CLIENT agrees that: **1.** Signatory is an authorized representative of the CLIENT and can determine which employees or representatives (Users) of the CLIENT should have access to selected online tools and information. **2.** Only the employees or representatives listed and supplied to Renaissance will have access to online tools and information. **3.** Assigned Account Names/Logins and Passwords will be protected and not shared among Users or any other person. **4.** CLIENT will notify Renaissance immediately if a User becomes terminated or should no longer have online access.

Executed this _____ day of _____, 20____. Certified and agreed to by:

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

MAIL/FAX FORM TO: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, ATTN: CUSTOMER SERVICE, P.O. BOX 738, GREENWOOD, IN 46142-0738, 1-317-889-0413 (FAX) • 1-888-852-2585 (TOOLKIT SUPPORT)

FOR NEW ACCOUNT REQUESTS ONLY

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