Amalgamated Life
V3 Self Service Security Form
Ver. 2.0e Update 1.14.09

User Information

Company: _____   Last Name: _____

Department: _____   First Name: _____

Phone Contact #: _____   Email Address: _____

Application Access

Access Level

☐ V3 ESS Administrator

Description of Access: *Lets the user perform User Administration functions such as adding new "Employer - User's" in ESS, update Employer Information and set security/access privilege for performing different functions for each Employer - User.*

☐ V3 ESS User

Description of Access: *Lets the user perform typical ESS user functions such as entering a WR and releasing it into Pre-Bill status in V3.*

T he Sponsoring Amalgamated Life Manager must immediately inform the Amalgamated Life HelpDesk of all transfers, separations and when "need to know" no longer exists for the user provisioned on this form. Any passwords utilized by the user listed on this form, for the business application provisioned on this form, shall not be disclosed to any unauthorized user nor stored or displayed in any unlocked area. All account access issued shall only be utilized by the user they are assigned too and can be revoked at the discretion of Amalgamated Life at any time.

I have read the Amalgamated Life "Internet usage and Electronic Communications Policy" included in the HR provided Employee Handbook & the reminder above and acknowledge my responsibility in maintaining a secure environment for the company's data and infrastructure by following the company provided security policies. I acknowledge that by sponsoring the user named on this form that I accept responsibility for communicating and maintaining these standards with the user or their direct manager.

Amalgamated Life Sponsoring Manager or Officer

Print Name: _____   *Signature:* _____

Date: _____

*(Print Company Name)*_____ hereby acknowledges that *(Print User Name)*_____ has been authorized by Amalgamated Life, at *(Print Company Name)*_____ 's request to access certain confidential information in order to allow *(Print Company Name)*_____ to fulfill it's contractual obligations. *(Print Company Name)*_____ shall be liable for any breach of Amalgamated Life's security protocols or release of confidential information by *(Print User Name)*_____.

User's Manager or Company Officer

Print Name: _____   *Signature:* _____

Date: _____

I have read the Security reminder above and acknowledge my responsibility in maintaining a secure environment for the application, data and infrastructure provided on this form by following the company provided security policy and manager provided directions. I acknowledge that all PHI and client data maintained by the company is subject to HIPAA regulations.

User

Print Name: _____   *Signature:* _____

Date: _____