



BASIC USER-SYSTEM ACCESS CHANGE FORM

Submit this completed form via one of the following methods:	Online Support Request	Fax
	https://cdaclient.basiconline.com (click <i>Contact Us</i>)	(269) 327-0716

Avoid delays in processing! Ensure all information is thorough and legible. Incomplete or unsigned forms will not be processed. Client must complete, or authorize User System Access to add, change or delete a User. Submit this completed BASIC User-System Access Change Form online via a Support Request at <https://cdaclient.basiconline.com> or through your BASIC Account Management team (and skip the online Support Request).

CLIENT/COMPANY INFORMATION

Client/Company BASIC ID #:		Client/Company Primary Phone #:	
Client/Company Name:			

CLIENT/COMPANY AUTHORIZATION INFORMATION

This section needs to be completed by an authority in your organization (i.e. owner, president, CEO, HR executive).

Name of Client/Company Representative:	
Title of Client/Company Representative:	

Signature of Client/Company Representative

Date

AGENCY OF RECORD/BROKER/PROVIDER/EMPLOYEE INFORMATION

Action:	<input type="checkbox"/> Add/New <input type="checkbox"/> Update Current <input type="checkbox"/> Replace <input type="checkbox"/> Delete Record					
Current Agency of Record/ Broker/Provider/Employee:						
BASIC ID #:						
NEW Effective Date:						
NEW Agency of Record/ Broker/Provider/Employee:						
BASIC ID #:		Email Address:				
Primary Phone #:		Phone Type:	<input type="checkbox"/> Work <input type="checkbox"/> Mobile			
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		ZIP/Postal Code:		+4	



BASIC USER-SYSTEM ACCESS CHANGE FORM

Does NEW contact need login access?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Type:	<input type="checkbox"/> Client <input type="checkbox"/> Distributor <input type="checkbox"/> Carrier <input type="checkbox"/> Vendor	
Business Function:	<input type="checkbox"/> HR <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Operations <input type="checkbox"/> Accounting <input type="checkbox"/> Auditor <input type="checkbox"/> Billing <input type="checkbox"/> Contract Administrator <input type="checkbox"/> Files <input type="checkbox"/> Technology	
File Access Type:	<input type="checkbox"/> ACA Reporting <input type="checkbox"/> Census <input type="checkbox"/> COBRA <input type="checkbox"/> Enrollment <input type="checkbox"/> Posting Verification	
NEW contact replaces the primary billing contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
User Access Role:	<input type="checkbox"/> Administrator <input type="checkbox"/> Benefit Plan Manager <input type="checkbox"/> Employee Manager <input type="checkbox"/> File Specialist <input type="checkbox"/> Financial Manager <input type="checkbox"/> Billing Manager <input type="checkbox"/> Reports Manager <input type="checkbox"/> Reviewer	
Division/Divisions:	Division Name: <input type="checkbox"/> Billing <input type="checkbox"/> Primary Division Contact	
Communications Preferences	<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Push Notification (Recipient's Email):	

For assistance: call toll-free 800-372-3539
Have your form, employer name, and the Client ID# ready