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## EMPLOYER - PORTAL ACCESS SETUP FORM

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Return completed form by Mail, E-mail: [customerservice@jjstanisco.com](mailto:customerservice@jjstanisco.com), or Fax

**Group / District Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Access being requested:**

Access my bill Online

View my eligibility

**Are you HIPAA authorized?**

Yes

No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Access Update / Username** \_\_\_\_\_