

WFBH Employer Portal User Access Form



Employer Name

Contact #1 First Name	Last Name
Title	
Email Address (required for online access)	Phone Number
Role(s)	
<input type="checkbox"/> Employer Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data, view/update employer banking details, request premium payments.
<input type="checkbox"/> Broker Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data.

Contact #2 First Name	Last Name
Title	
Email Address (required for online access)	Phone Number
Role(s)	
<input type="checkbox"/> Employer Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data, view/update employer banking details, request premium payments.
<input type="checkbox"/> Broker Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data.

Contact #3 First Name	Last Name
Title	
Email Address (required for online access)	Phone Number
Role(s)	
<input type="checkbox"/> Employer Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data, view/update employer banking details, request premium payments.
<input type="checkbox"/> Broker Administrator	View plans, access reporting, view/add/edit employee demographic and enrollment data.