

## Access Request Form

This form is for HBRs requesting access to the State Health Plan's enrollment system, eBenefits, or the billing system, eBilling. Please complete the form in it's entirety.

**First Name**

**Last Name**

**Phone**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address**

**Organization**

**Department**

**Job Title**

**I certify that I have completed the required training for eBenefits access**

Yes

No

**I am requesting access to:**

e-Billing only

e-Billing & eBenefits

e-Benefits only

**Additional information to include reason for access (if temporary access needed, explain why:**

**Are you replacing anyone? If yes, please include their name as their access will be removed.**