



Admin Appointment/Removal Form

School Employees Benefits Board Program

Appointment of SEBB My Account Administrator

The following individual has been duly appointed by me as the SEBB My Account Administrator. By signing this authorization form, the SEBB My Account Administrator acknowledges that he/she has read, understands and agrees to abide by the **SEBB My Account Security Management Policy**. As the SEBB My Account Administrator you acknowledge that you are responsible and accountable for user security within your organization. Included, but not limited, in this responsibility are the following tasks:

Manage Access for:

- Employees & Contractors
- Assign applications roles
- Modify existing access
- Revoke access

Security Protocols:

- HCA Acceptable Use Policy
- SEBB Organization Acceptable Use Policy

To: Health Care Authority – SEBB My Account Application Support

From: Superintendent [Redacted]

SEBB Organization [Redacted]

I, (print name of Superintendent) [Redacted] authorize the appointment and/or removal of the School Employees Benefits Board (SEBB) My Account Administrative role for the following individual(s):

Appointment of SEBB My Account Administrator, if applicable

Name (print first and last) [Redacted]

Email [Redacted]

Signature [Redacted]

Effective date [Redacted]

Removal of SEBB My Account Administrator, if applicable

Name (print first and last) [Redacted]

Email [Redacted]

Effective date [Redacted]

Signature of Superintendent [Redacted]

Date [Redacted]

To ensure the organization's ability to submit and view data, return this form to:
Email a scanned, signed copy to hcsebbitsupport@hca.wa.gov