



SEBB AdminEASE Authorization Instructions

When do I need to complete this form?

You would fill out this form for any user who needs to be added, terminated, or whose access needs to be changed in some way. Anyone at the organization can fill out the form and sign it. Completed forms should be emailed to esupport@standard.com.

How do I fill out the form?

The form has drop-down fields for *Request Type* and *Relationship to Policyholder*. After selecting the appropriate request type, choose “employee” under *Relationship to Policyholder*. Then, fill in the name and email address of the employee whose access is being added, changed, or terminated.

Under *Access Level*, check the boxes next to:

- *Bill Pay* and enter the policy/division number
- *Billing and Payment Detail* and enter the policy/division number
- *E-billing Administration/Self-Admin Template* and enter the policy/division number
- *Contract*

The additional access levels shown here do not currently apply to SEBB.

Please note: When terminating an existing employee’s access, you don't need to fill out the *Access Level* section.

Please see the example below for new user access and terminating existing user access.

Part 3 (Continued) - Please print name and email address clearly. For users other than a new Primary Administrator select authorized access below:

REQUEST TYPE: New User Access	RELATIONSHIP TO POLICYHOLDER: Employee
FIRST NAME: Jane	LAST NAME: Doe
EMAIL ADDRESS: jane.doe@SEBB.com	
ACCESS LEVEL:	
<input checked="" type="checkbox"/> Bill Pay - Policy/Division: 0175	
<input checked="" type="checkbox"/> Billing and Payment Detail - Policy/Division: 0175	
<input checked="" type="checkbox"/> E-Billing Administration/Self-Admin. Template - Policy/Division: 0175	
<input checked="" type="checkbox"/> Contracts	
<input type="checkbox"/> Evidence Reports – Report Name: _____	
<input type="checkbox"/> Reports Online – Report Name: _____	
<input type="checkbox"/> Authority to grant and terminate other individuals' access to e-services.	
REQUEST TYPE: Terminate Existing User Access	RELATIONSHIP TO POLICYHOLDER: Employee
FIRST NAME: John	LAST NAME: Smith
EMAIL ADDRESS: johnsmit@SEBB.com	
ACCESS LEVEL:	
<input type="checkbox"/> Bill Pay - Policy/Division: _____	
<input type="checkbox"/> Billing and Payment Detail - Policy/Division: _____	
<input type="checkbox"/> E-Billing Administration/Self-Admin. Template - Policy/Division: _____	
<input type="checkbox"/> Contracts	