



## Nationwide Employee Benefits - Employer Portal Access Form

Employer Name: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

This form should be used to add or remove portal access for employees of your company and other authorized individuals, such as your agent.

### ADDING ACCESS

Please complete information below for individuals who should have Edit access to the Nationwide Employee Benefits Portal. If there are individuals who should only have Edit access to a specific billing division or location, please specify below.

First & Last Name	Agency* Name	Email Address	Phone Number	Billing Division or Location (user access will be added for all billing divisions or locations unless specified below)

### REMOVING ACCESS

Please list individuals and/or agency who should have access **removed** to the Nationwide Employee Benefits Portal.

First & Last Name	Agency* Name	Email Address	Billing Division or Location (user access will be removed for all billing divisions or locations unless specified below)

*\*If applicable, provide the name of the Agency. Agency shall notify Nationwide Employee Benefits of its authorized personnel(s) name and email address in order to be added or removed.*

Return Completed Form to: Nationwide Employee Benefits, PO Box 1910 Covington, LA 70434 / Fax 1-985-898-1770 / Email: service@nebsupport.com

I authorize the individuals and/or agency (and agency personnel) listed above to make Entries into the Nationwide Employer Portal on behalf of the employer listed above. Entries are defined as additions, terminations or edits to, employee and dependent information as required for the administration of group insurance policies issued by Nationwide. All Entries made by the individuals and/or agency (and agency personnel) listed above shall be pre-approved by the employer. This authorization is subject to revocation by the employer upon receipt of written notice. The employer agrees to immediately notify Nationwide Employee Benefits in writing of any changes to the user access for the individuals and/or agency (and agency personnel) listed above. As an authorized representative for the employer, I take full responsibility for the actions taken on or through the Nationwide Employee Benefits Portal by the authorized individuals and/or agency (and agency personnel) listed above. I understand that it is my responsibility to instruct the individuals and/or agency (and agency personnel) listed above as to the eligibility requirements of the Plan. I further understand that I will be bound by any action taken by these individuals and/or agency (and agency personnel) on Nationwide Employee Benefits Portal on my behalf of the employer. By signing this document, I certify that I am authorized by the above employer to designate users of Nationwide Employee Benefits Portal.

**By signing below, I am providing consent to Nationwide Employee Benefits to receive documents and communications electronically. Please refer to the terms and conditions on page 2.**

<b>Signature of authorized group representative</b>		<b>Date</b>	
<b>Print name</b>			
If this form is being submitted by the broker of record on behalf of the group, please print/sign name below. I, as the broker of record, certify that the information contained in this document is accurate and I am authorized to act on the employer's behalf.			
<b>Signature of broker of record/writing agent</b>		<b>Date</b>	
<b>Print name</b>			



## Terms and Conditions of Electronic Delivery of Insurance Documents

In order for Nationwide Employee Benefits (hereinafter referred to as “we” or “us”) to send you your insurance-related documents and communications electronically, to the extent permitted by law, you must first consent to us doing so. The insurance-related documents and communications you will receive in electronic format will have the same contractual force and effect as insurance-related documents and communications sent to you in paper format. We reserve the right, in our sole discretion, to provide any insurance-related documents and communications to you in paper form instead, and / or to discontinue this service or modify the terms of this agreement at our option. If we do, we will provide you with reasonable notice and you will have the option to withdraw your consent at that time.

**Your Consent:** By signing page one, you are consenting to receive documents as follows:

1. Consent to receive insurance-related documents and communications, including but not limited to, your policy documents, disclosures, notices, explanation of benefits (EOB), claims documentation, **as well as termination and cancellation or non-renewal notices**, electronically to the email address you provide to us on the claim form instead of receiving these records in a paper format from **Nationwide Employee Benefits**.
2. Agree and acknowledge that your consent is provided and/or obtained in connection with a transaction affecting interstate commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law.
3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent to receive documents via electronic means as provided below. Electronic document(s) are considered received by you at the time the documents are sent, unless Nationwide receives notice that the email notification was not delivered to you at the email address you provided.

**Your Right to Withdraw Your Consent:** If you consented to receiving insurance-related documents and communications electronically, you may withdraw your consent at any time. After we process your withdrawal of consent, you will begin receiving your insurance documents and correspondence in paper form. To withdraw your consent, please send a written request to Nationwide Employee Benefits, PO Box 1910, Covington, LA 70434.

**YOUR RIGHT TO RECEIVE PAPER COPIES:** You have the right to obtain paper copies of your insurance-related documents and communications at any time. To obtain paper copies, please contact Nationwide Employee Benefits at 1-877-717-4455, [service@nebsupport.com](mailto:service@nebsupport.com), or PO Box 1910, Covington, LA 70434.

**Your Obligations:** If you consent to receive insurance documents and correspondence electronically, you are responsible for (i) providing Nationwide with an updated and active e-mail address through the contact listed below. You should be diligent in updating your email address with us in the event that your address changes; (ii) maintaining or having access to a computer capable of connecting to the internet; (iii) maintaining internet access; (iv) installing software on your personal computer to receive, access, store, and print in accordance with the Technical Requirements listed below; (v) an email service account that allows you to read, write, and send email; (vi) an active email address

**Updating Your Contact Information:** It is your responsibility to provide Nationwide Employee Benefits with a current, valid email address and to promptly update any changes to this information by contacting us at 1-877-717-4455, [service@nebsupport.com](mailto:service@nebsupport.com), or PO Box 1910, Covington, LA 70434.

**UNDELIVERABLE AND RETURN EMAILS:** Any e-mails returned as undeliverable will result in a suspension of electronic document delivery and a return to paper copies sent via U.S. mail.

**TECHNICAL REQUIREMENTS:** The following minimal technical requirements are necessary to receive electronic records:

**Browsers – Access to an internet browser such as Internet Explorer, Firefox or Chrome**

**E-Mail – Access to an email account with a provider such as Gmail®, Outlook®, or Yahoo!®**

**PDF Reader – Acrobat® or similar software may be required to view and print PDF files**