

## Employer Group Reporting Registration

For 100+ enrolled fully-insured groups and self-funded groups

All fields must be completed. Please allow five business days for processing.

**Please indicate request type:**

- ☐ Add new security admin (one per group)
- ☐ Add new user access
- ☐ Remove user

**Please indicate user type:**

- ☐ Fully-insured employer group
- ☐ Self-funded employer group
- ☐ Broker/consultant

**User information**

Date:  Group/agency ID:  Company name:

User's first and last name:

Phone:  Email:

**Requester information**

I agree to have the above named person act as an authorized user for our company to access the secured Employer section of GeisingerHealthPlan.com with all rights and responsibilities. If the user should leave the company, a change form must be submitted to Geisinger Health Plan. Account shall not be shared.

Signature of contract executor:  Phone:

First/last name (print):  Email:

Company mailing address:

City:  State:  Zip:

[Email this completed form to your client service representative.](#)

**Geisinger Health Plan use only**

Date:

I attest that the contract executor signature is valid.

Name of GHP employer representative (print):

Signature of GHP employer representative:

Once a user's business role for your company expires, contact Geisinger Health Plan immediately to request termination of their access. Groups should promptly notify Geisinger Health Plan of all changes in order for updates in our system to take place seamlessly.