

Employer User Access Request/Removal Form



Please fill out all fields below to authorize the addition or removal of Employer User Access on Summit.
* Indicates required information.

A. Employer Information

Company Name* _____

Authorized Individual Requesting the Change*

Last Name _____ First Name _____ Middle Initial _____

Home Phone () _____ Work Phone () _____ Email _____

B. Requested Change (Please Check One)*

Add New User with ER Access to Summit Remove Existing User's ER Access from Summit

Last Name _____ First Name _____ Middle Initial _____

Job Title/Position _____ SSN _____

Work Phone () _____ Ext. _____ Email _____

C. Additional Information (Optional)

D. Authorized Signature

Signature _____ Date _____

Submit this form to by email to benefits@beneliance.com or by fax to 855-445-1696

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