

The Standard will not grant access to The Standard's Agility Portal, without a completed Policyholder Authorization for Agility Portal form.

Please follow these instructions when completing the Policyholder Authorization Form:

This agreement must be signed by the person at the policyholder's company who is responsible for authorizing use of online services related to administration of employee benefits plans

Please submit the completed form via email to eBenefits@standard.com.

If you have any questions, please email us at eBenefits@standard.com or call 855.737.4575 Option 6.

Part 1: Policyholder Information

Company Name ("Policyholder") _____

Policy Number _____

Authorized Representative Name _____

Authorized Representative Title _____

Part 2 – Access & Authorization Request

Please complete the information below to add user access. Access will become effective as soon as this form is processed, typically within three business days.

I understand that the individual named will be able to view our company's Agility policy related information (as listed below) online via the Agility Portal and will have access to individually identifiable personal information about members.

- **Benefit Summaries (Benefits at a Glance)**
- **Billing Statements**
- **Claim forms**
- **Contract Documents** – Access to group policies and certificates.
- **Member Maintenance** – Employee member information, including the ability to change member information for the purpose of administering Agility policies (add or terminate employees and change employee data such as salaries).

When designating a new Agility Portal user, the existing user's (other than the primary administrator) access will be deactivated.

RELATIONSHIP TO POLICYHOLDER: _____

FIRST NAME: _____

LAST NAME: _____

EMAIL ADDRESS: _____

Part 3: Authorized Representative Acknowledgement

I acknowledge that I have the authority to act on behalf of the Policyholder to grant access to the Agility Portal.

By completing this form, I acknowledge the following:

- In the event the named individual is no longer employed with the agency, or the agency is no longer my Broker of Record or the individual no longer has a business need to access the Agility Portal, I understand and agree that the Policyholder is responsible for notifying The Standard immediately to terminate access. I will provide notification by emailing eBenefits@standard.com.
- By granting any individual access to the Agility Portal, I understand that the individual must have a legitimate business reason to access information available through the Agility Portal.
- Further, I understand and agree on my Policyholder's behalf that The Standard assumes no responsibility for the use of the information in the Agility Portal by authorized individuals.
- Additionally, I will communicate to the named individual that the sharing of passwords and sharing of customer or employee information obtained through use of the Agility Portal is prohibited.

Authorized Representative Signature

Signature Date