



SIMON® Access Request Form

I, _____, authorized representative for _____ (Employer), hereby authorize Vimly to work with the below-named broker agency(ies) and provide access to employer information, member, and dependent information through SIMON and Vimly Services for the purposes of facilitating management of the plan(s) offered to members and dependents of the plan. The below-named broker agency(ies) are solely responsible for determining and managing their employees' access and use of the health and welfare benefit plan's member information in accordance with applicable law and regulation and the SIMON Terms of Use.

Generic and or group emails will not be authorized and are not permitted under SIMON Terms of Use.

Name	Email Address	Employee Management Permissions			Billing Management Permissions		
		None	View Only*	View & Edit**	None	View Only*	View & Edit**

* Can view employee and dependent/employer billing information

** Can view and edit employee information (i.e., benefits, demographics) and employer billing information, manage banking information, and pay bills online

I acknowledge that access to this information is protected by state and federal privacy and security laws. In compliance with those laws, I authorize online access for the above-referenced individual(s) through SIMON to Employer's data for purposes of performing administrative functions specifically related to the maintenance of Employer's Benefit Plan(s). I understand this authorization will remain active in accordance with Vimly's Terms of Use unless otherwise terminated. I understand this authorization may be withdrawn at any time by providing written notice to Vimly.

Employer acknowledges it is solely responsible for the actions and or omissions performed by its authorized individual(s) while in SIMON and to notify Vimly when any authorized access must be terminated.

Name _____ Title _____

Signature _____ Date _____

Please Note: Vimly will not have hard copy enrollment/change forms when changes are made by the Employer or Broker online through SIMON. Therefore, the Employer is responsible for retaining hard copies of enrollment forms on file for auditing purposes.

E-mail the completed form to awb@vimly.com for processing.