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**Online Employer Access Authorization and Certification Form**

**Please list authorized Online User(s) after the Authorized Agent Signature**

Group Number: \_\_\_\_\_ Group Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

**By signing below, I certify that:**

- I am an authorized agent of the group named above.
- I permit the below-named Online User to execute on my behalf submission of Online Employer transactions to UHA.
- I agree to accept full responsibility for the accuracy of the information submitted to UHA.
- I also certify that I will maintain on file all subscriber signatures and eligibility related information for transactions processed through UHA's Online Employer Portal.
- I also understand that the appointment of the below-named Online User shall remain in effect until UHA receives written cancellation from me or my below-named Online User.

Authorized Agent's Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Agent must already be a Group Administrator, Owner, or Company Officer)*

**Online User(s): (Print name of the person(s) being provided Online Employer access below)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Check if Third Party Administrator Email address: \_\_\_\_\_

Access to Entire Group:  Yes  No, only Division Number: \_\_\_\_\_

Indicate Access Level:  Online Enrollment  Online View Bill  Online View Bill with Pay Bill\*  
 (Please check one) \*Only one payer per Employer for Pay Bill

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Check if Third Party Administrator Email address: \_\_\_\_\_

Access to Entire Group:  Yes  No, only Division Number: \_\_\_\_\_

Indicate Access Level:  Online Enrollment  Online View Bill  Online View Bill with Pay Bill\*  
 (Please check one) \*Only one payer per Employer for Pay Bill

**For questions, contact:**

**Employer Services**  
 808-532-4000, extension 299; or toll-free 1-800-458-4600, extension 299

**Please submit completed form to:**

**UHA**  
**Attn: Employer Services Department** Fax: 1-877-222-3198  
 700 Bishop Street, Suite 300 Email: ES@uhahealth.com  
 Honolulu, HI 96813-4100

**Please allow 1-3 business days for processing.**