



700 Bishop Street, Suite 300  
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 uhahealth.com

**Online & EDI Agreement Authorization and Certification Form**

**Please complete this form for each authorized Business Associate**

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

Authorized Agent's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Agent must be the Group Administrator, Owner, or Company Officer)

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

Indicate Access Level:  Online Enrollment  Online View Bill  Online View Bill with Pay Bill\*  EDI or 834 File\*\*  
 (Please check one if adding) \*Only one payer per Employer for Pay Bill

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

- I am the authorized agent of the group named above.
- I permit the below-named Business Associate 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 Employer Portal.
- I also understand that the appointment of the below-named Business Associate shall remain in effect until UHA receives written cancellation from me or my below-named Business Associate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Associate:**

First and Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_  Check if Third Party Administrator

Phone No.: \_\_\_\_\_ 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\*  EDI or 834 File\*\*  
 (Please check one) \*Only one payer per Employer for Pay Bill

**\*\*Please Note for EDI or 834 File access:** If EDI (Electronic Data Interchange) or 834 File was selected, the file specifications will be sent to the designated associate along with further instructions.

**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**  
**700 Bishop Street, Suite 300**  
**Honolulu, HI 96813-4100**

**Fax: 1-877-222-3198**  
**Email: ES@uhahealth.com**

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