

**Security Administration Form—Plan Sponsor Use Only**

This form addresses access to General Board of Pension and Health Benefits (General Board) administration websites.

**Part I – User Information.** Submit one form for each authorized user.

User name (first/last name) \_\_\_\_\_ New user? ☐ Yes ☐ No ☐ Remove  
Title/job position \_\_\_\_\_ Plan sponsor or account holder # \_\_\_\_\_  
User e-mail address \_\_\_\_\_ Conference # \_\_\_\_\_  
Plan sponsor or account holder name \_\_\_\_\_ Phone # \_\_\_\_\_

**Part 2—Access to Applications.** Please check all boxes that apply. By checking a box, you are representing to the General Board that the user identified in Part I is authorized to have access to all or part of the application.

- |  |   |
|--|---|
| <input type="checkbox"/> Benefits Access: <i>(check one)</i> | <input type="checkbox"/> Unum Campus Administrative   |
| <input type="checkbox"/> Inquiry                             | <input type="checkbox"/> Benefitsolver (HealthFlex and Virgin Pulse plan sponsors only): <i>(check one)</i> |
| <input type="checkbox"/> Administrative                      | <input type="checkbox"/> View   |
| <input type="checkbox"/> Wespith.com: <i>(check one)</i>     | <input type="checkbox"/> Update   |
| <input type="checkbox"/> Inquiry                             | <input type="checkbox"/> Virgin Pulse Administrative  |
| <input type="checkbox"/> Transaction                         | <input type="checkbox"/> Quest Diagnostics Administrative (HealthFlex plan sponsors only)                   |
| <input type="checkbox"/> Authorize                           | <input type="checkbox"/> WebMD Administrative (HealthFlex plan sponsors only)                               |
|  | <input type="checkbox"/> WageWorks Administrative (HealthFlex plan sponsors only)                           |
|  | <input type="checkbox"/> Reports  |

**Part 3 – Church/Employer Information.** Complete this section only if you have requested access to lay participant data. List the salary-paying units for which you are the plan sponsor and for which the user listed in Part I is to have access.

Salary-Paying Unit Name (For access to related participant data)	Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note for HealthFlex plan sponsors:** If the General Board has a current *Salary-Paying Unit Sub-Adoption Agreement* on file for lay employees, the appropriate security access is granted automatically.

## Part 4 – Confidentiality Agreement

In order to perform my duties as a benefits administrator for the salary-paying units listed in Part 3 of this form, for which my employer is the plan sponsor, I may need to access account, indicative and other information of a sensitive, proprietary, privileged and/or confidential nature (Confidential Data) relating to certain participants of the retirement, health and welfare plans that the General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois (General Board) administers.

In consideration for being able to access such Confidential Data, I agree that I will not distribute, disclose or convey any Confidential Data to anyone or reproduce any Confidential Data, unless I am required or legally compelled to do so within the course of my employment duties, provided that I will notify the General Board immediately if I receive notice of such legal requirement. I also agree that I will not make use of any Confidential Data for my own benefit or for the inappropriate benefit of any other person or entity. Confidential Data will be used only for benefits purposes and not to make employment or personnel decisions. I acknowledge that Confidential Data can include Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I agree to use and disclose any such PHI only as permitted under HIPAA.

I agree that all Confidential Data shall at all times remain the property of the General Board and the relevant benefit plan(s), that the General Board has a legitimate interest in protecting the confidentiality of the Confidential Data and that disclosure of any Confidential Data to an unauthorized third party could cause irreparable harm to the General Board. I understand that the General Board may take legal action to protect these interests.

I agree that the terms of this Confidentiality Agreement will continue to be in effect even after the termination of my employment with the plan sponsor.

User name (please print) \_\_\_\_\_

User signature \_\_\_\_\_ Date \_\_\_\_\_

Approval of plan sponsor representative or User's supervisor (please print)

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

Please mail or fax the completed form to the Plan Sponsor Management team at **847-866-4894**.

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## Part 5 – General Board Use Only

General Board plan sponsor manager \_\_\_\_\_ Date \_\_\_\_\_

For Benefits Access only:    ☐ Conference                      ☐ Agency                      ☐ Plan Sponsor

General Board customer service manager \_\_\_\_\_ Date \_\_\_\_\_

System administrator approval \_\_\_\_\_ Date \_\_\_\_\_

General Board security director \_\_\_\_\_ Date \_\_\_\_\_

General Board help desk \_\_\_\_\_ Date \_\_\_\_\_

User I.D. assigned (for General Board help desk only) \_\_\_\_\_ Date \_\_\_\_\_

### Final Distributions

- Security administrator(s): After processing, return original signed form(s) to security director.
- Security: File original (final) copies for follow up reviews/audits.