

# ABS Employer Portal Authorized/Access Form



**ABS Employer Portal Administrator Access Request Form**

Name of Group/Employer: \_\_\_\_\_

The following individuals should be set up with access to the noted features.

Name	Email Address	Telephone Number	Eligibility	Claims History	Document Library	Flex Spending History (FSA)	Reports	Password assigned (by ABS Web Portal Administrator)	Report Class (assigned by ABS)

The above individuals have been identified as authorized users of the Employer Portal.  
 I understand it is my responsibility to remove the individuals who no longer require this access.

Authorized Signer Printed Name \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Signed Name \_\_\_\_\_

Form must be signed by Group's Authorized Signer

Submit completed authorization form to [cservices@abs-tpa.com](mailto:cservices@abs-tpa.com) or fax to 586-693-4834.