

MyOEBB

User Access and Access Termination Form

Please fax this form to the following contact:

Cathy Cunningham, Benefits Analyst
 Fax: (503) 378-5832

Then, mail the original to the following address:

Oregon Educators Benefit Board
 1225 Ferry Street SE
 Salem, OR 97301

Attn.: Cathy Cunningham/User Access Form

I. USER INFORMATION (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Educational Entity Full Access | <input type="checkbox"/> Educational Entity Termination Approval Access |
| <input type="checkbox"/> Educational Entity Add Member Only Access | <input type="checkbox"/> Carrier Only Access |
| <input type="checkbox"/> Educational Entity Document Management Access | |
| <input type="checkbox"/> Educational Entity View Only Access | <input type="checkbox"/> Terminate Access to MyOEBB |

Print clearly in ink. Illegible forms will be returned. This could delay your request.

Entity name(s) (print):	Institution number(s) (all that apply):
User Name (print):	Working Title:
Phone Number:	E-mail address:

As the **MyOEBB** user for my entity, I agree to be responsible for:

- Communicating the importance of protecting IDs and passwords to avoid compromising security.
- Assisting OEBB members in the use of the MyOEBB application.
- Resetting passwords for my entities OEBB members as requested and taking the appropriate measures to verify the identity of anyone requesting access to MyOEBB.
- Making sure changes to my personal benefits are done by another staff member at my entity unless I am the only person responsible for benefits at my entity. As part of the process I will maintain documentation for all changes.

I have read this agreement, completed or plan to complete MyOEBB system training, and understand and agree to its contents, as evidenced by my signature below.

User signature: _____ Date: _____

II. ENTITY ACCESS APPROVAL:

The person authorizing user access to MyOEBB must be the entity superintendent, business manager, human resources manager, or carrier manager. No other entity employee is authorized to grant user access to MyOEBB. The authorizing signatory must be different than the person who access is being requested.

I certify that the designated MyOEBB user is duly authorized to carry out the responsibilities described in this agreement, and the information provided herein is accurate, as evidenced by my signature below. I also agree in the event of a change in duties of the user I will notify OEBB immediately to terminate the user's access to the MyOEBB system.

Signature: _____ Date: _____

Name (print): _____

Title: _____

Email: _____

OEBB USE ONLY	
Established by:	Date:
Expired by:	Date: