



SIMON Access Request Form

I, _____, authorized representative for _____ (Employer) hereby authorize Vimly Benefit Solutions, Inc. (Vimly) to provide the following Recipient with online access to Employer data through Vimly's SIMON portal:

Recipient Name (First and Last): _____

Recipient Email Address: _____

I authorize the above Recipient to have the following access level in SIMON for the above referenced Employer:

Step 1: Select one of the following options for **employee management permissions...**

- None – No access to employee or their dependent information
- View Only – Can view employee and dependent information
- View & Edit – Can view and edit employee information (i.e. benefits, demographics, etc.)

Step 2: Select one of the following options for **billing management permissions...**

- None – No access to employer billing information
- View Only – Can view employer billing information
- View & Edit – Can view employer billing information, manage banking information, and pay the bill online

I acknowledge access to this information is protected by certain applicable state and federal privacy and security laws. In compliance with those laws I authorize online access for the above referenced individual through SIMON to Employer's data for purposes of performing administrative functions specifically related to the maintenance of Employer's Benefit Plan(s). I understand this authorization will remain active in accordance with Vimly's Terms & Conditions unless otherwise terminated. Additionally, I understand this authorization may be withdrawn at any time by providing written notice to Vimly.

Employer acknowledges it is the Employers responsibility to notify Vimly when any authorized access must be terminated. Employer shall notify Vimly immediately following the termination of a group administrator.

Name _____ Title _____

Signature _____ Date _____

Please Note: Vimly will not have hard copy enrollment/change forms when changes are made online through SIMON by the Employer or Broker. Therefore, the Employer is responsible for retaining hard copies of enrollment forms on file for auditing purposes.

Internal Use Only

- Form completed and returned by an **authorized** Group Administrator and/or GMA signer
- Employer access provided by: _____ Date: _____
- Authorization verified and scanned into SIMON