



## SIMON Access Request Form

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

Recipient Name (First and Last): \_\_\_\_\_

Recipient Email Address: \_\_\_\_\_

Recipient Phone Number: \_\_\_\_\_

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

- Read/Write + Bill Pay Access** – This will give the Recipient the following access:
- Full access to employee information, including the ability to make enrollment changes.
  - Access to view Employer billing statements.
  - Access to add/update bank details and make online payments.
- Read/Write Access (No Bill Pay)** – This will give the Recipient the following access:
- Full access to employee information, including the ability to make enrollment changes.
  - Access to view Employer billing statements.
- View Only Access** – This will give the Recipient the following access:
- Access to view employee and Employer information, including billing statements, but they will not have the ability to make enrollment changes nor will they have access to make online payments.

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 Additionally, I understand this authorization may be withdrawn at any time by providing written notice to Vimly to \_\_\_\_\_.

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 \_\_\_\_\_