

### Requestor Information

First Name:	Last Name:
Email:	SMS enabled phone* :
Company Name:	HIOS ID (Insurance Carrier Only):
Position/Job Function:	

*\*NOTE: SMS enabled phone is required for the Reconciliation, Case Management, and Enrollment Representative roles only.*

### Access Request—Check Requested Roles

SSHIX maintains two different information systems to which access can be granted to insurance carrier personnel.

The first system, our **State Based Exchange Platform**, provides two different user roles. The Enrollment Representative role provides real-time access to enrollment records within the Exchange, including policy-level detail of enrollment status, household composition, and monthly financials. The Plan Representative role provides access to Issuer Account Maintenance and Plan Certification functionality.

**PLEASE NOTE:** Due to a limitation in the SBE Platform's security model, individual users who require access to both the Enrollment Representative and Plan Representative roles must provide two separate email addresses on two separate Access Request forms. The Access Request forms should specify which email address should be associated with each user role (one role/email address per form). We apologize for the inconvenience.

Enrollment Representative (SBE Platform)	Plan Representative (SBE Platform)
--	------------------------------------

The second system, our **Carrier Connector** portal, also provides two different user roles. The Case Management role provides access to the collaborative case management system maintained by our Quality Assurance team. The Reconciliation role provides access to discrepancy dispute reporting functionality and allows for the bulk download of post-processed Discrepancy Reports which highlight "false positive" discrepancies.

**PLEASE NOTE:** User licenses for Carrier Connector are limited. If access cannot be granted because the available licenses for your organization have all been utilized then SSHIX will respond via email, and if possible we will provide a list of any users who have been inactive for more than 30 days so that your team can consider re-purposing their licenses.

Case Management (Carrier Connector)	Reconciliation (Carrier Connector)
-------------------------------------	------------------------------------

### Requestor Agreement

By signing this form, I certify that I have read and agree to the conditions outlined in the [SSHIX Acceptable Use Agreement](#). I understand that my User ID and password are to be kept confidential. Should I share this information, my access will be revoked.

Requestor Signature:	Date Signed:
----------------------	--------------