

GHCEpicLink Authorized Third-Party Designation

Organization Name (Employer Group): _____
Organization Tax ID Number(s): _____
Authorized Third-Party Partner Entity Name: _____
Authorized Third-Party Partner Relationship to Organization: _____
Authorized Third-Party Tax ID Number(s): _____
Authorized Third-Party Point of Contact (POC): _____
Authorized Third-Party POC E-Mail: _____
Authorized Third-Party POC Telephone: _____

GENERAL TERMS & CONDITIONS

1. The Organization is a fully insured employer group of GHC-SCW subject to the terms and condition of the GHCEpicLink Employer Group Agreement.
2. By completing and submitting this designation form, the Organization authorizes the above named third-party partner or vendor to serve as an EpicLink user on behalf of the Organization (hereinafter, a "third-party user").
3. Any third-party user must have a legitimate relationship with Organization to support activities for the Organization that would relate to appropriate use of GHCEpicLink.
4. An insurance agent/broker may not serve as an Organization's third-party user.
5. The Organization shall be accountable for the activities of any third-party users granted access by the Organization's Site Coordinator and third-party users are required to follow the terms and conditions as set forth in the GHCEpicLink Employer Group Agreement.
6. GHC-SCW retains the right apply the terms and conditions of the GHCEpicLink Employer Group Agreement to third-party users.
7. This designation form shall remain in effect until the Organization notifies GHC-SCW in writing that this designation has been revoked. An e-mail from the Organization's acting Site Coordinator to security@ghcscw.com shall be deemed sufficient written notice.

BY SIGNING BELOW, I AM CERTIFYING THAT I AM AUTHORIZED BY MY ORGANIZATION TO SIGN THIS DESIGNATION AND AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS DESIGNATION.

Return completed form to:

Group Health Cooperative of South Central Wisconsin
1265 John Q. Hammons Drive
Madison, WI 53717

E-mail: GHCEmployerEpicLink@ghcscw.com

Organization Site Coordinator

Signature

Print Name

Job Title

Work E-mail

Work Phone

Date