Sign-on - Agent Form
The purpose of this form is to establish an Agent Account which will provide you with secure sign-on access to all of your employer accounts (excluding Fully Insured groups). Please note each of your employer groups is responsible for granting (and terminating) your access to their accounts. Once an employer has agreed in writing to allow your access, the groups' data can be accessed through your sign-on.

Please complete the following information:
Agent Name: _____
Agency Name: _____

Indicate below for each self funded employer group for which the agent manages:

Group #	**Group Name**
_____	_____
_____	_____
_____	_____

Agent Information
You are responsible for following the Logon Terms of Use as posted by Sentinel and available online. The designated representative of the Employer is the only individual who can provide you with access to their account based on a signed agreement which must be on file with Sentinel. Once your registration has been completed, an agent access ID will be assigned to you.

Please provide the following information to register:
Name (First, MI, Last): _____
Title: _____
Work Address: _____
City / State / Zip: _____
Work Phone Number: _____
Email Address: _____

******Login information will be sent to the email listed above******

Request and Agreement:
I hereby request an Agent secure Sign-on at www.sentinel4health.com. Please establish per the above information. I understand and agree Sentinel must be notified promptly of any changes to this information. By signing below, I acknowledge I have read the Logon Terms of Use and agree to the terms and conditions and will be asked to accept or decline each time I log in. For purposes of this Agreement, my signature on this form when communicated by facsimile transmission or as a scanned document sent via email shall be binding if transmitted in either fashion with electronically reproduced signatures treated as original.

This form must be signed by the licensed agent requesting access.

Signed: _____
Print Name: _____
Title: _____
Date: _____

Fax To	**717-581-8841**
Mail To	**Sentinel Management, PO Box 8377, Lancaster PA 17604**
Email To	**info@sentinel4health.com**