



## Employer Group Super User Registration for thehealthplan.com

All fields must be completed. Please allow 5 business days for processing.

New

Change

### Employer Information

Date: \_\_\_\_\_ Group Number: \_\_\_\_\_

Group / Company Name: \_\_\_\_\_

Super User Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Requester Information

I agree to have the above named person act as Super User for our company to access the secured Employer section of thehealthplan.com with all rights and responsibilities, including creating accounts for other employees to access the secured Employer section of the website. If the Super User should leave the company, a change form must be submitted to Geisinger Health Plan. Accounts shall not be shared.

\_\_\_\_\_  
Signature of Contract Executor:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name (Print):

\_\_\_\_\_  
E-mail Address:

Check here if Company Mailing Address is the same as above, OR Complete the section below:

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email this form to: [clientgroupservices@thehealthplan.com](mailto:clientgroupservices@thehealthplan.com)

The Super User will receive an email from "GHP WebDataCoordinator" containing registration information and an Administrative Manual. If you have questions regarding this form, please call your account representative".

### Health Plan Use Only

I attest that the Contract Executor signature is valid.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of GHP Employer Representative

\_\_\_\_\_  
Signature of GHP Employer Representative