

Employer Group Super User Registration for GeisingerHealthPlan.com



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

Please indicate:

New Super User
(One only per group)

Change Super User

Employer information

Date: _____ Group number: _____

Group / Company name: _____

Super User name (must be the actual person's name): _____

Company address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email 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)

Email address:

Check here if the 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

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

Is this a TPA? Check for yes

Date: _____

I attest that the contract executor signature is valid.

Name of GHP employer representative

Signature of GHP employer representative

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.