



Please return the completed form to:  
Healthplex Inc., Member's Services,  
333 Earle Ovington Blvd, Suite 300  
Uniondale, NY 11553  
T: 800.468.0466 F: 516.228.9572  
[healthplex.com](http://healthplex.com)

## BROKER LOG-IN REGISTRATION FORM

### Registration

- A Log-In (User) Name is required to access commission statements. This name will be directly associated with your tax identification number or social security number.
- An Alternate User Name will only be used if the Primary User Name is already taken.
- The Log-In Name is not case sensitive.
- Healthplex will assign a primary Log-In Name once all the information below is completed and returned to Healthplex.
- Please return this completed form to our Sales Department via email at [salesinfo@healthplex.com](mailto:salesinfo@healthplex.com) or fax at **516 228 9572**.
- Healthplex will notify you when access to the website is granted.

### General Information

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Broker/Agency Name

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Contact

Phone #

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Email Address

Date Submitted

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### Specify Log-In Information

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Log-In (User) Name

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Alternate User Name

*Please use 4-9 characters, letters and numbers only.*

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Tax ID or  Social Security Number

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Password

*Password must be 8 or more characters and contain 3 of the following character types: lowercase, uppercase, number, special character.*

### Further Assistance

If you have any questions regarding website use, please contact our **Internet Support Department** at **1 888 468 5171**, or email us at [info@healthplex.com](mailto:info@healthplex.com). For any other inquiries, please call our **Sales Department** at **1 800 468 0466**.