



## 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 groupservices@healthplex.com or fax at 516 228 9572.
- Healthplex will notify you when access to the website is granted.

General Information		
Broker/Agency Name		
Contact	Phone #	
EMAIL ADDRESS	Date Submitted	
Specify Log-In Information		
Log-In (User) Name		
Alternate User Name		
Please use 4-9 characters, letters and numbers only.		
☐ TaxID or ☐ Social Security Number		
Password		
Password must be 8 or more characters and contain 3 of the follow	ing character types: lowercase, unpercase, 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. For any other inquiries, please call our Sales Department at 1 800 468 0466.

F-2226B Print 01/18