

Online Group Administration (OGA) Portal Registration Form

Use this form to request a new user account or to delete a user's access. Kindly retain a copy of the submitted form for your files.

Section 1: User Information - Please complete one form for each user.

Group Name	Group #
User's First Name	User's Last Name

Section 2: Access Information - For first-time users: Expect to receive your login information within 5 business days from billingdept@hmaa.com via our SonicWall Secure Message Center.

Type of Request

New User

User to access all of group's divisions? Yes No If No, list the division(s) to access _____

User's Phone Number User's E-mail Address

Delete Access: _____

Reason

Agreement Terms and Conditions

We understand:

- This agreement is non-transferrable.
- The user requirements and processes described in the OGA training materials, user guide, and portal (e.g., Terms and Conditions).
- The timeframe necessary to process a request for user access.
- The username login assigned by HMAA or the user password may not be shared with others.
- This service is only available to groups that meet certain criteria, and failure to meet that criteria will automatically terminate access to this service.
- Termination of employment of any user from the above-named group will result in termination of that user's access.

We hereby agree:

- To notify HMAA when a user terminates employment with the above-named group.
- To abide by HIPAA Privacy Rules and not divulge protected health information to any unauthorized person for any reason, nor directly or indirectly use or allow the use of, protected health information for any purpose other than that directly associated with treatment, payment, or healthcare operations related to plan participants.
- To report any breach of confidentiality as required by state or federal law.
- To ensure all health plan enrollment applications are completed and signed in their entirety, if required by the group, and the information provided is accurate such that only eligible participants and their eligible dependents are enrolled.
- To maintain and be held liable for all completed health plan enrollment applications and/or other eligibility documents submitted by plan participants.
- To provide documentation of eligibility in the format requested by HMAA.

By signing this form, the above-named Company and user agree to the terms and conditions.

 User's Signature (or Requestor's Signature if deleting access) Date

 Authorized Company Officer's Name (Print) Signature Date

 Authorized Company Officer's Title Phone Number or E-mail Address

Please return this completed and signed form to OGAhelpdesk@hmaa.com. Contact information is shown above.

Received by HMAA: