

REGISTRATION FORM

Registration Prepared By: _____ Date: _____

Phone: _____ E-mail Address: _____

Full District Name: _____ Client ID: _____

SISCconnect Administrators will individually e-mail each added user their unique SISC connect login credentials (*User Name and Temporary Password*) upon account creation. Each user must follow the instructions in the e-mail in order to gain access into SISCconnect. When a user logs into SISCconnect for the first time, they will be prompted to create a new password.

Change Options

(Select one for each user)

- ADD USER
- UPDATE NAME
- UPDATE E-MAIL
- REMOVE USER

Superintendent

Name: _____

E-mail Address: _____

Phone Number: _____ Extension (if applicable): _____

- ADD USER
- UPDATE NAME
- UPDATE E-MAIL
- REMOVE USER

Primary Contact: One person at district primarily responsible for SISC benefit administration

Primary Contact Type: Finance/Billing HR Broker/Consultant

Name: _____

E-mail Address: _____

Phone Number: _____ Extension (if applicable): _____

- ADD USER
- UPDATE NAME
- UPDATE E-MAIL
- REMOVE USER

Additional Contact Type: Finance/Billing HR Broker/Consultant

Name: _____

E-mail Address: _____

Phone Number: _____ Extension (if applicable): _____

- ADD USER
- UPDATE NAME
- UPDATE E-MAIL
- REMOVE USER

Additional Contact Type: Finance/Billing HR Broker/Consultant

Name: _____

E-mail Address: _____

Phone Number: _____ Extension (if applicable): _____

- ADD USER
- UPDATE NAME
- UPDATE E-MAIL
- REMOVE USER

Additional Contact Type: Finance/Billing HR Broker/Consultant

Name: _____

E-mail Address: _____

Phone Number: _____ Extension (if applicable): _____

Please submit additional signed SISCconnect registration form(s) if you need to authorize additional users. **Forms submitted without Authorized District Administrator signature cannot be processed due to system security requirements.**

Authorized Signature (District Administrator, Superintendent, HR Director, CBO):

Signature: _____

Name: _____ Title: _____

Date: _____

With the electronic signature above, the individual is affirming he or she is duly authorized under state and federal law (including, but not limited to, HIPAA) to approve the SISCconnect user adjustments listed on this form. The individual (a) understands the added users listed above will receive full access to all reports, eligibility information, eligibility submissions, and member data (including, but not exclusive, to: Social Security Numbers, plan details, addresses, etc.) associated with the district listed in this document and (b) represents that those added users have been duly designated by District as authorized under HIPAA to have such access and such users will comply with HIPAA and all other applicable laws. At any time should the district require an update to the list of approved users, it is the responsibility of the district to inform SISC of these changes and complete this form accordingly.