



# ADDENDUM 1 BROKER WEALTHCARE PORTAL AUTHORIZATION

Please use this form to create, delete or make changes in user access [www.wealthcareadmin.com](http://www.wealthcareadmin.com).

## SECTION 1: REGISTER A NEW USER

### Broker (A)

First Name	Middle Initial	Last Name
Business Address		
City	State	ZIP
Business Telephone: (     )	Ext	Business Email

### Broker (B)

First Name	Middle Initial	Last Name
Business Address		
City	State	ZIP
Business Telephone: (     )	Ext	Business Email

## SECTION 2: DELETE USER ACCESS

First Name	Middle Initial	Last Name
Contact Name		
Telephone (     )	Current User ID <b>(required)</b>	

## SECTION 3: UPDATE CURRENT USER'S INFORMATION

Current User ID <b>(required)</b>		
First Name	Middle Initial	Last Name
Business Address		
City	State	ZIP
Business Telephone (     )	Ext	Business Email

**CONFIDENTIALITY AGREEMENT:** By signing this form, I request access to the applicable online features of the MVP website on behalf of the Broker identified above. I acknowledge that the Broker accessing these features may receive or have access to MVP or employer group or employee sensitive information which may constitute competitive, trade secret, proprietary, business, or protected health information. I agree to keep confidential any such information made available to me or obtained by me and shall not use or disclose such information other than for the sole purpose of allowing the Broker to perform his/her duties and obligations to MVP and/or my employer group. If the broker or I breach this confidentiality agreement, I agree to be liable for all damages and costs arising from the breach, regardless of whether a claim or legal proceeding is brought as a result. My duty of confidentiality and my liability obligations survive termination of my relationship with the Broker and/or the termination of Broker's relationship with my employer group or MVP for any reason.

Requested Effective Date     /     /

Employer Name *(Print)*

Employer Signature \_\_\_\_\_ Date     /     /

Print Name \_\_\_\_\_ Title \_\_\_\_\_

### RETURN COMPLETED FORM TO YOUR MVP SALES REPRESENTATIVE.

If you have questions call **1-888-222-9931** OR email [myspendingaccounts@mvphealthcare.com](mailto:myspendingaccounts@mvphealthcare.com).