

Authorization to Conduct Electronic Transactions

Policyholder Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Social Security Number ____-____-____

By signing below, I agree to be bound by the choices I make on the PEIA Online Enrollment System. I understand that any choices I make on the system cannot be approved and become effective until I submit this signed form to my benefit coordinator.

I further agree that by signing this form I am agreeing to use a digital mark in lieu of a written signature. To use this digital mark I agree:

1. That I will not share with any other person the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised; and
4. That I understand that the provisions of W. Va. Code §61-3C-10 prescribe the penalties for the unauthorized disclosure of a password, identifying code, personal identification number or other confidential security information.

I hereby authorize the State of West Virginia hereinafter called STATE, to initiate health plan benefit changes for the policyholder indicated above. This authorization will remain in full force and effect until the STATE receives written notification from me of its termination in such time and manner as to afford the STATE a reasonable opportunity to act on it.

Policyholder Signature _____ Date _____

Benefit Coordinator: After authorizing your employee's online transaction, please retain this form in your employee's personnel/payroll file.