



# Online Billing Enrollment Form

## Online Billing User/Contact Information



**Check one:**

- Online billing – **1<sup>st</sup> time enrollment**
- Online billing – **Change** to existing users  
If this change **replaces** someone, please include on the **Termination Request** portion of this form.

**Employer Name:** \_\_\_\_\_

**Primary Online Billing User/Contact**

**Secondary Online Billing User/Contact**

Employee Name

Employee Name

Employee Title

Employee Title

Phone

Phone

Fax

Fax

Work Email

Work Email

*Please note: Primary and Secondary contacts should set up their own registration accounts using their work email address only. (Personal email address only with prior approval from AWC.) **Password sharing is not allowed.***

**Termination Request:**

- Please terminate the following employee or ex-employee's access to Online Billing.

Name	Title	Email
_____	_____	_____

The people listed above are authorized to view and edit the AWC Online Billing System. This system contains social security numbers and other protected personal health information. If authorized by the employer, this person will also be able to use ACH (electronic transfer of funds) to pay the monthly AWC billing.

It is the **employer's responsibility** to notify AWC (by filling out a new form) of any changes to the primary or secondary contact. **This becomes especially important when an employee leaves employment.**

By your signature below you authorize the above employees to have access to the Online Billing System.

Name & Title

Date

*Please note – this form must be signed by one of the following individuals – City Manager/Administrator, Finance Director or Personnel Director.*

Once this form is completed and received by AWC, users will receive detailed information on how to register for an account and log in to the billing system.

To update information, please fill out a new form. Forms are located on the AWC Trust website at [www.awcnet.org/healthbenefits](http://www.awcnet.org/healthbenefits). Click on Forms.

Please return this form to:  
**AWC Employee Benefit Trust**  
1076 Franklin Street SE  
Olympia, WA 98501

OR

Please fax this form to:  
ATTN: Darla  
**360-753-0149**