

[Company Letterhead or Sender Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Carrier Name]
[Department Name, if applicable]
[Address Line 1]
[City, State, Zip Code]

RE: Authorization for Online Portal Access

Policy Number(s): [Insert Policy Number(s)]
Group Name/Account Name: [Insert Name]

To Whom It May Concern,

This letter serves as formal authorization to grant online portal access for the above-referenced insurance policies to the following individual(s) or entity:

Authorized User Information:

Full Name: [Name of Person to be Granted Access]
Title/Role: [e.g., Broker, HR Manager, Third Party Administrator]
Company Name: [Company Name of Authorized User]
Email Address: [Email Address for Portal Login]
Phone Number: [Phone Number]

The authorized user is permitted to perform the following actions (check all that apply):

- View policy documents and coverage summaries
- View and download billing statements and payment history
- Manage enrollments, additions, and terminations
- Submit and track claims information
- Download 1095 forms or tax documentation

This authorization shall remain in effect until [Date] or until written notice of revocation is provided by [Company Name].

Please contact me at [Phone Number] if you require any further information to process this request.

Sincerely,

[Signature]

[Printed Name]

[Title/Position]

[Company Name]