

Benefits Advisor Broker Authorization Form

Complete the portion below to authorize access for contact. Scan and send the completed form by creating a case through the <u>Paycor Support Center</u> (https://support.paycor.com/s/) for setup. If you are actively working with Paycor for Open Enrollment, please send directly to your OE Consultant, and they will ensure the access is updated.

Client Contact In	formation		
First Name		Last Name	
Company Name		Email Address	

This section is required to be completed by the client:

- To add or edit contact into Perform (<u>www.paycor.com</u>) >> Company >> Company Settings >>
 Contacts & Delivery >> + New Contact. This is a required step; the contact cannot be added to
 Benefits Advisor until this step is completed.
- 2. Please see page 2 if you need to add, remove, or edit access for additional contacts.

Broker Contact Information			
Access Request	☐ Add ☐ Remove ☐ Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	☐ Benefits Advisor: Full Access (If you ☐ Benefits Advisor: View Only	ou need to limit their acce	ss, please specify this in the restrictions box)
Restrictions			

If you need assistance with this form, please call (855) 565-3285 >> Client ID >> Benefit Options.

The broker will only be provided access to the Client IDs listed on this form. These requests are completed within five business days, and your broker will be notified once access is available.

Please note that if you require Paycor Perform Access, you must complete it within the client's Perform site.

Client Signature	Date	



Broker Contact I	ntormation	
Access Request	☐ Add ☐ Remove ☐ Edit	Client ID(s)
First Name		Last Name
Email Address		Phone Number
Firm Name		Firm Location
Level of Access	☐ Benefits Advisor: Full Access (If y ☐ Benefits Advisor: View Only	ou need to limit their access, please specify this in the restrictions box)
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Broker Contact I	nformation	
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Restrictions		
Broker Contact I	nformation	
Broker Contact i	IIIOIIIIatioii	
Access Request	☐ Add ☐ Remove ☐ Edit	Client ID(s)
		Client ID(s) Last Name
Access Request		
Access Request First Name		Last Name
Access Request First Name Email Address	□ Add □ Remove □ Edit	Last Name Phone Number
Access Request First Name Email Address Firm Name	☐ Add ☐ Remove ☐ Edit ☐ Benefits Advisor: Full Access (If y	Last Name Phone Number Firm Location
Access Request First Name Email Address Firm Name Level of Access	☐ Add ☐ Remove ☐ Edit ☐ Benefits Advisor: Full Access (If y ☐ Benefits Advisor: View Only	Last Name Phone Number Firm Location
Access Request First Name Email Address Firm Name Level of Access Restrictions	☐ Add ☐ Remove ☐ Edit ☐ Benefits Advisor: Full Access (If y ☐ Benefits Advisor: View Only	Last Name Phone Number Firm Location
Access Request First Name Email Address Firm Name Level of Access Restrictions	□ Add □ Remove □ Edit □ Benefits Advisor: Full Access (If y □ Benefits Advisor: View Only nformation	Last Name Phone Number Firm Location u need to limit their access, please specify this in the restrictions box)
Access Request First Name Email Address Firm Name Level of Access Restrictions Broker Contact I Access Request	□ Add □ Remove □ Edit □ Benefits Advisor: Full Access (If y □ Benefits Advisor: View Only nformation	Last Name Phone Number Firm Location ou need to limit their access, please specify this in the restrictions box) Client ID(s)
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Access Request First Name Email Address Firm Name Level of Access Restrictions Broker Contact I Access Request First Name Email Address	□ Add □ Remove □ Edit □ Benefits Advisor: Full Access (If y □ Benefits Advisor: View Only nformation □ Add □ Remove □ Edit	Last Name Phone Number Firm Location uneed to limit their access, please specify this in the restrictions box) Client ID(s) Last Name Phone Number