



## 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 [Paycor Support Center](https://support.paycor.com/s/) (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 Information			
First Name		Last Name	
Company Name		Email Address	

**This section is required to be completed by the client:**

1. To add or edit contact into Perform ([www.paycor.com](http://www.paycor.com)) >> 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	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	<input type="checkbox"/> Benefits Advisor: Full Access (If you need to limit their access, please specify this in the restrictions box) <input type="checkbox"/> Benefits Advisor: View Only		
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 Information			
Access Request	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	<input type="checkbox"/> Benefits Advisor: Full Access (If you need to limit their access, please specify this in the restrictions box) <input type="checkbox"/> Benefits Advisor: View Only		
Restrictions			

Broker Contact Information			
Access Request	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	<input type="checkbox"/> Benefits Advisor: Full Access (If you need to limit their access, please specify this in the restrictions box) <input type="checkbox"/> Benefits Advisor: View Only		
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Broker Contact Information			
Access Request	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	<input type="checkbox"/> Benefits Advisor: Full Access (If you need to limit their access, please specify this in the restrictions box) <input type="checkbox"/> Benefits Advisor: View Only		
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Broker Contact Information			
Access Request	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Edit	Client ID(s)	
First Name		Last Name	
Email Address		Phone Number	
Firm Name		Firm Location	
Level of Access	<input type="checkbox"/> Benefits Advisor: Full Access (If you need to limit their access, please specify this in the restrictions box) <input type="checkbox"/> Benefits Advisor: View Only		
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