

Employer group admin registration

All fields must be completed. Allow five business days for processing

Indicate: Admin user Change admin user

Email this form to: employerportal@geisinger.edu

The admin user will receive an email from employerportal@geisinger.edu containing registration information. If you have questions about this form, call your GHP account executive. Your broker will have access based on the NDA or Broker of Record form and does not require additional registration.

Employer information

Admin user name (must be the actual person's name):

Email:

Employer name:

Employer group number:

Requester information

I agree to have the abovenamed person act as admin user for our company to access the secured employer portal with all rights and responsibilities, including creating accounts for other employees. If the admin user should leave the company, notify Geisinger Health Plan or submit an updated form. Accounts shall not be shared.

Signature of contract executor:

Name (print):

Phone:

Email:

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.