



Online Access Authorization & Election Form for MSF Policies

Please CLEARLY print or type all information:

Policy Number: _____ Business Name: _____

Name of **User**: _____
First Name Last Name Phone#

E-Mail Address of **User**: _____

Address of **User**: _____

Has this User received a Montana State Fund (MSF) User ID in the past? ____Yes ____No

Online User Access Consent (To be completed by User listed above.)

I agree to maintain the integrity of the MSF system by ensuring the security and proper use of the User ID and Password and will maintain the confidentiality of my Password. I understand and agree that I am responsible for all actions or access to the MSF system made with the User ID and Password that is assigned to me.

By signing this form, I the User acknowledge these conditions, under which access to the MSF system is granted, and agree to the following:

- I understand that my User ID and Password are for my use only.
- I am responsible for safeguarding my User ID and Password.
- I may not give my User ID or Password to any other individual.
- I will not post my User ID or Password.
- I understand that I will be required to change my Password periodically.
- I agree not to leave the computer unattended when I have a session open.
- I agree to log off and close the browser when I am finished with a session.

Printed Name of User: _____

Signature of User: _____

If the User has not received a MSF User ID in the past, a User ID will be created and e-mailed to the User detailing their User ID and Password. If the User has received a MSF User ID in the past, the previously issued User ID will be updated to allow the access indicated below for the above referenced policy. **NOTE:** If this User is authorized for multiple policies only *one* e-mail address may be used.

Please continue to next page.



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montanastatefund.com | safemt.com

Please indicate the access you are requesting for this User for the above referenced policy. (Select one or more.)

- _____ Online Data Access – Allows this User access to loss and premium data.
- _____ Online Injury Reporting – Allows this User to submit a First Report of Injury.
- _____ Online Payroll Reporting – Allows this User to submit Payroll Reports.
- _____ Online Policy Documents – Allows this User to view Policy documents.
- _____ Online Claim Documents – Allows this User to view Claim Documents.

If Online documents were selected, I understand I am authorizing the above named Individual (User) to receive notice of delivery and view my policy and/or claim documents (as indicated above) sent from Montana State Fund. **I understand I will no longer receive the printed version of these documents* nor will I receive notice of electronic delivery.** Only the authorized User(s) will receive an email notification when a document has been sent. The document will then be accessible from MSF's secure website by logging in with their User ID and Password.

If at any time I would like to receive a specific document in paper format, I may do so by calling a Customer Service Specialist at (406) 495-5000.

****For legal reasons a small number of documents must continue to be printed and mailed. These are employee posting notices and cancellation notices.***

An owner or officer signature is required.

I hereby certify that I understand I am authorizing the named User the access indicated. **I understand the User ID belongs to the User and it is my responsibility to inform MSF if the User's access should be removed.**

Business Owner/Officer (required):

Signature *Date*

Print or Type Name: _____

Title: _____

Access to the MSF Website to obtain electronic documents requires the use of Internet Explorer version 9 or higher and the ability to render PDF, Microsoft Office, and TIF document formats.

Please print BOTH pages of this form and mail or fax to the address above.