

Online Access Authorization & Election Form for MSF Policies

Please CLEARLY print or type all information:

Policy Number: _____ Business Name: _____

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

E-Mail Address of Online User: _____

Mailing Address of Online User: _____

**Please indicate the access you are requesting for this User for the 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.

PAPERLESS OPTION: If you do not want to receive mail and only want to view your documents online please indicate below.

- Online Policy Documents – Allows this User to view Policy documents.
- Online Claim Documents – Allows this User to view Claim Documents.

Online User Access Conditions

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.

Paperless Option Conditions

If online documents were selected, I understand I am authorizing the Online User to receive notice of delivery and view my policy and/or claim documents sent from Montana State Fund. I understand I will no longer receive policy and/or claim documents via US Postal service. Only the authorized Online User 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.

Printed Name of Online User: _____

Signature of Online User: _____

Printed Name of Owner/Officer: _____

Signature of Owner/Officer: _____

Please submit form by email to stfpolicy@mt.gov, fax or mail to Montana State Fund. Additional contact information listed above.