

CUSTOMER CONNECT ONLINE ACCESS LEVELS

The security and privacy of your policy are important to us. Below are the various access levels and what each provide:

Primary Access Levels (users may choose one access level)

	Policyholder	Account Manager	Payroll Reporting	Billing
View All Policy Details and Documents (Requires Electronic Documents Online Auxiliary Permission)	✓	✓		✓
Make Policy Changes	✓	✓		
Report Payroll	✓	✓	✓	
Pay Premium Online	✓	✓	✓	✓
Set-up Automatic Premium Withdrawal	✓			✓
Cancel Coverage	✓			

Auxiliary Permissions (optional)

Users may add any, or all, of the following in partnership with their above access level.

- **Claims Electronic Documents Online (Paperless):** Allows user to access and print claims related documents.
- **Policy Electronic Documents Online (Paperless):** Allows user to access and print policy related documents.
- **Online Access:** Allows user to access loss runs.
- **First Report of Injury:** Allows user to report a claim online.

To get started, please fill out the Customer Connect Online Access Form and return it to Montana State Fund via mail, fax or email to stfpolicy@mt.gov

If you have any questions about access levels or how to add or remove user access please contact us at 406-495-5000. One of our Customer Service Specialists will be happy to assist you.

CUSTOMER CONNECT ONLINE ACCESS FORM

POLICY INFORMATION

Policy Number: _____ Business Name: _____

Owner / Officer Name Printed: _____

USER INFORMATION

Full Name: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

ACCESS LEVELS

Primary Access Level (select one):

- Policyholder
- Account Manager
- Payroll Reporting
- Billing

Auxiliary Permissions (optional):

- Claims Electronic Documents Online
- Policy Electronic Documents Online
- Online Access
- First Report of Injury

AUTHORIZATION

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.

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.

Online User Signature: _____ Date: _____

Owner / Officer Signature: _____ Date: _____

Please submit this form by mail, fax or email to stfpolicy@mt.gov

