

**ONLINE ADMINISTRATION USER AGREEMENT OF
YOUR OASSIS GROUP BENEFIT PLAN**



LOCATION NAME:	
LOCATION NUMBER:	
MAILING ADDRESS:	
CONTACT NAME AND TITLE:	
CONTACT E-MAIL ADDRESS:	

The OASSIS administration system will allow our clients to perform administration functions within a secure, web-based environment in accordance with the administration rules between OASSIS and our clients.

In order to ensure the safe and efficient operation of this system, each OASSIS member agency will be required to agree to the following terms and conditions prior to accessing the OASSIS administration system.

Each agency appointed Plan Administrator will be given a unique username and password to allow them access to the administration system. It will be the Plan Administrators responsibility to keep their login information confidential and to activate the account login.

Every Plan Administrator will agree to continue to comply with all OASSIS administrative rules and policies with respect to their benefit plan and will agree to keep all information stored on the OASSIS administration system confidential. Plan members, unless they've been provided with a login by their employer, will not have access to any of the information available on the OASSIS administration system.

The Plan Administrator will be responsible for ensuring that the employees and any dependants being enrolled onto the group benefit plan satisfy all eligibility requirements and are not late applicants. If an employee or their dependent is deemed to be a late applicant, OASSIS must be informed, and coverage will not be activated on the benefit plan until they have been medically underwritten and have had coverage approved by the OASSIS carrier(s).

The Plan Administrator is responsible for ensuring that the plan members (employees and their dependent) enrolled via the OASSIS administration system are eligible for coverage and that upon ceasing to be entitled to coverage, for whatever reason, it will be the responsibility of the Plan Administrator to update the employee's coverage on the administration system accordingly and in a timely manner.

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OASSIS will not have any financial liability or responsibility toward any person who was or is eligible to be enrolled as an OASSIS plan member and/or dependent but failed to be enrolled by the agency Plan Administrator.

OASSIS may conduct periodic audits to ensure the ongoing accuracy and security of user identification, and to ensure the use of the OASSIS administration system is in accordance with this Agreement.

OASSIS will be notified in writing of any changes to the appointed agency Plan Administrator(s) in a timely manner. This includes changes to a Plan Administrator's name or email address, removal of a Plan Administrator and the addition of a new Plan Administrator.

OASSIS will be contacted should the agency require assistance in technical support, administration advice or any other matter that requires support or clarification.

It is imperative that all administration rules and policies are followed by all staff, clients, and members accessing the system. There is a zero-tolerance policy for any violation of the guidelines which have been put in place.

_____ (agency name) hereby acknowledges and agrees that by signing this document, it is entering a binding agreement with OASSIS and will be bound to any terms and conditions that have been laid out in this agreement.

Authorized Agency Contact Name & Title

Signature

Date

List of Authorized Agency Plan Users/Administrators attached.