

**S.C. Public Employee Benefit Authority
Insurance Benefits
Third-Party Enroller (TPE) Designated Employee Confidentiality Agreement**

In receiving a computer User ID and password from South Carolina Public Employee Benefit Authority (PEBA) Insurance Benefits to obtain online access to Confidential Subscriber Information, I agree to maintain the confidentiality of all information that I obtain through online access to PEBA Insurance Benefits' Employee Benefits Services web-based application (EBS) and acknowledge my responsibility to:

1. Act in accordance with the guidelines set forth in the Memorandum of Understanding executed by PEBA Insurance Benefits and my employer;
2. Take appropriate measures to safeguard and protect the Confidential Subscriber Information which is made available to me;
3. Use the Confidential Subscriber Information for enrollment purposes only;
4. Not disclose Confidential Subscriber Information to any person other than the subscriber or his agent, or another employee at my entity who has a current PEBA Insurance Benefits User ID and password, and is authorized to have access to EBS;
5. Not knowingly permit any other person(s) to use my PEBA Insurance Benefits User ID and password, and to take steps to prevent another person from using my PEBA Insurance Benefits User ID and password should I leave my terminal unattended;
6. Maintain the password associated with my PEBA Insurance Benefits User ID in the strictest of confidence; and
7. Immediately report any suspected misuse of my PEBA Insurance Benefits User ID and password to my supervisor and PEBA Insurance Benefits.

I have read the above provisions. I understand that violation of any of these provisions may result in termination of my access to EBS and/or termination of my Employer's access to EBS. I understand that this authorization expires on June 30 of the year following the date this form is signed.

A Third Party Enroller may only apply for access to the Subscriber Inquiry and Online Enrollment Systems.

<hr/> <p>Participating Entity</p> <hr/> <p>Group ID# or Carrier Name</p> <hr/> <p>Authorizing Agent Name (Printed)</p> <hr/> <p>Authorizing Agent Signature</p> <hr/> <p>Date</p>	<hr/> <p>Name of Third-Party Enroller(Company Name)</p> <hr/> <p>TPE Employee Name (Printed)</p> <hr/> <p>TPE Employee Phone No.</p> <hr/> <p>TPE Employee Work E-mail address</p> <hr/> <p>TPE Employee Signature</p> <hr/> <p>Date</p>
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This request will NOT be processed if PEBA Insurance Benefits does not have a Designation Form on file for the Authorizing Agent signing this form. If your Authorizing Agent has changed, your Director must appoint a new one using the Authorizing Agent Designation Form.

Revised November 2012

**THIS FORM IS FOR USE BY THE PARTICIPATING ENTITY
TO AUTHORIZE ACCESS FOR A THIRD PARTY ENROLLER ONLY**