



## Employee Benefits Services Designated Employee Confidentiality Agreement

In receiving a computer User ID and password from the South Carolina Public Employee Benefit Authority (PEBA) 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’s Employee Benefits Services (EBS) web-based application and acknowledge my responsibility to:

1. Take appropriate measures to safeguard and protect the confidential subscriber information which is made available to me;
2. Use the confidential subscriber information for billing and enrollment purposes only;
3. Not disclose confidential subscriber information to any person other than the subscriber or his agent, an authorized third-party enroller representing my entity or another employee at my entity who has a PEBA User ID and password and is authorized to have access to EBS;
4. Not knowingly permit any other person(s) to use my PEBA User ID and password, and to take steps to prevent another person from using my PEBA User ID and password should I leave my terminal unattended;
5. Maintain the password associated with my PEBA User ID in the strictest of confidence; and
6. Immediately report any suspected misuse of my PEBA User ID and password to my supervisor and PEBA.

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.

\_\_\_\_\_  
 Name of participating entity

\_\_\_\_\_  
 Designated employee name

\_\_\_\_\_  
 Group ID # or carrier name

\_\_\_\_\_  
 BIN

\_\_\_\_\_  
 Last four digits of SSN

\_\_\_\_\_  
 Authorizing agent name (printed)

\_\_\_\_\_  
 Designated employee email

\_\_\_\_\_  
 Authorizing agent signature

\_\_\_\_\_  
 Designated employee phone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Designated employee signature

\_\_\_\_\_  
 Date

This request will not be processed if PEBA 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 *Employee Benefits Services Authorizing Agent Designation* form.

**Authorization to the follow systems:**

- |  |  |
|--|--|
| <input type="checkbox"/> Subscriber inquiry  | <input type="checkbox"/> Accumulated balances (CG groups only) |
| <input type="checkbox"/> Billing and reports | <input type="checkbox"/> LWOP – Inquiry (CG Groups only)       |
| <input type="checkbox"/> Online Bill Pay     | <input type="checkbox"/> LWOP – Update (CG Groups only)        |
| <input type="checkbox"/> Online enrollment   |  |

*Do not use this form for third-party enrollers.*