Online Access
Security Agreement - IAS
Wis. Stat. § 40.07 (1)

Complete this form for access to the insurance administration system (IAS). All pages must be completed and an agent signature is required. **Email the completed, signed form to ETFSMBEmployerSecurityAccessIAS@etf.wi.gov** or fax to 608-266-5801. ***Do not mail.***

Please note:
- ETF is partnering with Benefitfocus to implement Benefitplace, a new insurance administration system (IAS) for insurance benefits. This form will grant you access to Benefitplace, the Employer Transaction Application (ETA), and the Payment application.
- Benefitplace will replace the myETF Benefits system. Eligibility and enrollment, data management, reporting and analytics, billing and payments, and COBRA administration will all be managed within the new system.
- All insurance benefits, including health, life, income continuation insurance (ICI), supplemental benefits (vision, dental, accident), and pre-tax savings accounts are included in Benefitplace. Long-term care benefits are not included.
- **Each user must complete this form to set up access. No username and password sharing is permitted.**
- If a user account is not used for six months, the account will be disabled and deleted. A new form must be submitted to regain access.

See page 3 for information on completing this form.

Employer Information *All fields are required.*
Employer name
ETF Employer ID Number(s)

Employee Information *All fields are required.*	
Employee name (first, middle, last)	
Work Address	Work telephone, including area code
IAM Username (if you have an existing account) ☐ Check here if you ***do not*** currently have an account	Work email address

Employer: Select Access *Check all applications this individual is authorized to use.*
☐ **SFTP Server** (Must be checked to receive files from ETF)
Employee Access – Access to employee information can be limited to specific units and/or subunits within Benefitplace (Insurance Administration System (IAS)) and the ETA. *By default, access to all units and subunits associated with the employer is granted.* If access to only a subset of the employer units and subunits is desired, please indicate the specific units and/or subunits to which this individual should have access.
Unit (if applicable)   **Subunit** (State Only)
Employer Transaction Application (ETA) * *This will require Multi-Factor Authentication (MFA).* ☐ ETA Access – Provide information for enrollment, eligibility, demographics, and employment data to ETF.
Payment Application (pay invoices) ☐ Payment Application – Pay insurance invoices for health and ICI.

Employer: Select Access *continued* *Check all applications this individual is authorized to use.*

Benefitplace (Insurance Administration System (IAS)) **(*check only one box*)**

☐ **Benefits All Access**

Access to all system elements described below.

☐ **Benefits Advanced**

Access to prequalifying survey results report (state only), document center, deduction calendars (state only, view only), Data exchange dashboard, member role, premium reports, complete approval/declination tasks, add/edit benefit elections, hide dependents, and earnings information (read only).

☐ **Benefits Core Support**

Access to prequalifying survey results report (state only), deduction calendars (state only, view only), targeted messages, data exchange dashboard, premium reports, group Information report, earnings information (read only).

☐ **Benefits Basic**

Access to deduction calendars (state only, view only), premium reports, earnings information (read only).

☐ **Benefits Billing**

Billing reporting, invoices, and payment history. Access to deduction calendars (state only, view only), premium reports, account services, and earnings information.

Employee Online Access Security Agreement (IAS)

By signing and dating below, you are agreeing to the following terms and conditions:
- Security measures are required to provide inquiry and update abilities for the ETF-administered benefit programs in the IAS.
- I will not share my username and password with any other person.
- I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts.
- Information in these accounts is not a public record and disclosure to any person or organization is prohibited.
- The application is intended for use by employers to administer ETF-administered benefit programs. It is not intended to provide information to members or to assist members in making benefit decisions.
- I understand Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my online access to member accounts and/or termination of my employer's online access to member accounts.

Employee signature	Date (MM/DD/YYYY)

Certifying Signature *Required for all requests.*
This section must be completed by the designated employer agent or alternate agent.

By signing and dating below, you are agreeing to the following terms and conditions:
- I certify that I am responsible for reporting information to ETF, and the above employee is authorized to gain access to online accounts.
- I understand it is the employer's responsibility to notify ETF immediately if a user terminates employment or loses authorization.
- I understand Wisconsin Statutes, § 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Employer agent name	Telephone, including area code
Employer agent signature	Date (MM/DD/YYYY)

ETF Use Only: Security Administrator

Logon ID	ETF security administrator signature	Date (MM/DD/YYYY)

Ensure the following sections and details are fully completed to ensure your form is processed timely and you are able to access the IAS.

Employer Information
- ✓ Employer name
- ✓ ETF employer ID

Employee Information
- ✓ Employee name
- ✓ Work address
- ✓ Work telephone
- ✓ IAM username.
    - o If you do not have an IAM username, check the box to report that you do not currently have an account, and complete the Online Access Security Agreement (ET-8928) to request an IAM account and gain access to current ETF systems. You must complete this step before you can submit this form to request IAS access.

Employer: Select Access

SFTP Server
- ✓ Checking the "Access to SFTP Server" box grants access to a secure website to securely exchange files with ETF. At least one person from each employer must have access to the SFTP Server.

Employee Access
- ✓ This only applies to employers who have a unit breakdown for billing, reporting, and contribution rate needs. If your employer uses a unit breakdown, please specify the unit(s) to which access should be granted.
- ✓ Subunits only apply to state agencies.
- ✓ If you have questions regarding units/subunits, contact ETF at ETFSMBEmployerSecurityAccessIAS@etf.wi.gov.

ETA
- ✓ Check the "ETA Access" box if you need access to the Employer Transaction Application.
    - o The ETA is where employers will provide information about employees including enrollment, eligibility, and demographic data.

Payment Application
- ✓ Check the "Payment Application" box for access to the Payment Application. This application allows employers to pay insurance invoices for health and income continuation insurance.

Benefitplace
- ✓ Check only one box to indicate the level of IAS access needed. Details are included in the description for each access level.

    Examples of what access an employer may need:
    - o I work for an employer where I am responsible for multiple human resource and/or payroll/benefit tasks, such as payroll reporting, terminations, and enrollments. My job role is broad, so the most appropriate access is likely **Benefits All Access**.
    - o I work for an employer where I am one of multiple employees responsible for human resource and/or payroll/benefits tasks, each of whom have specific roles and assignments. The scope of my role does not include any billing or invoicing. I only audit reports to ensure benefit enrollment accuracy so the most appropriate access may be **Benefits Core Support** or **Benefits Basic**.

Employee Online Access Security Agreement (IAS)
- ✓ Employee signature and date signed. This signature indicates that you understand and agree to the terms and conditions listed on page 2.

Certifying Signature
- ✓ Employer agent name
- ✓ Employer agent telephone
- ✓ Employer agent signature
- ✓ Date of signature