



BROKER/GENERAL AGENT ACCESS REQUEST FORM ENROLLMENT PORTAL ACCESS ON BEHALF OF CLIENT

GROUP INFORMATION

GROUP NAME: _____
GROUP CONTACT: _____

BROKER/CONSULTANT USER INFORMATION

BROKER/GENERAL AGENT AGENCY NAME: _____

AUTHORIZED BROKER/GENERAL AGENT USER'S NAME: _____

AUTHORIZED BROKER/GENERAL AGENT USER'S BUSINESS EMAIL ADDRESS: _____

(Username and password will be emailed to this address)

AUTHORIZED BROKER/GENERAL AGENT USER'S WORK PHONE NUMBER: _____

Please note only the Authorized Key User, listed above, will have access to EB Employee Solutions, LLC/The Difference Card's online eligibility on behalf of the Authorized Company. The Authorized Key User and other individuals granted access by the Authorized Key User will collectively be referred to as "Authorized Individuals." It will be the responsibility of the Authorized Key User to maintain the listing of all users for this organization including any additions, terminations or modifications.

ACCESS OPTIONS: ☐ View Only ☐ Full Access to Update

TERMS AND CONDITIONS: EB Employee Solutions, LLC/The Difference Card permits groups to allow authorized broker consultants and third parties to access their group's website accounts for use by Authorized Individuals, subject to approval by EB Employee Solutions, LLC/The Difference Card in its sole discretion, for the purpose of submitting timely, accurate and complete group enrollment data to EB Employee Solutions, LLC/The Difference Card on the Group's behalf. The Authorized Company, acting through its undersigned representative, (a) certifies that, subject to EB Employee Solutions, LLC/The Difference Card's approval, the Authorized Individuals are authorized to submit enrollment data to EB Employee Solutions, LLC/The Difference Card on the Group's behalf; (b) accepts EB Employee Solutions, LLC/The Difference Card's Terms and Conditions of Use, available for review online at www.differencecard.com and (c) agrees to the following conditions: (1) EB Employee Solutions, LLC/The Difference Card may rely on this electronically submitted enrollment data to the same extent as if submitted by non-electronic means; (2) Authorized Company will undertake reasonable measures to safeguard account information, including username and password, and to prevent unauthorized access to the website account by someone acting or purporting to act on the Authorized Company's behalf; (3) the Authorized Key User will not grant access to any external party (i.e., anyone not part of the Third Party Company's or Agency's workforce); (4) Authorized Company shall be solely responsible for any liability arising from the use of the website account and shall indemnify, hold harmless and defend EB Employee Solutions, LLC/The Difference Card against any claim arising from an Authorized Individual's use of the website account or the Third Party Company's or Agency's failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; (5) the individual signing this application has the authority to permit the requested access and bind the Authorized Company to (i) EB Employee Solutions, LLC/The Difference Card's Terms and Conditions of Use and (ii) the terms and conditions set forth above.

Authorized Broker/General Agent User Name (printed): _____ Phone: _____

Authorized Broker/General Agent User Signature: _____ Date signed: _____

GROUP PLAN SPONSOR AUTHORIZATION

Group's Plan Sponsor approves Authorized Company designated above to access Group's website accounts as set forth above. The Plan Sponsor agrees they have a Business Associate Agreement in place with the Authorized Company designated above to allow for the sharing of the Group's information available on the EB Employee Solutions, LLC/The Difference Card website.

Group Plan Sponsor Name (printed): _____ Phone: _____

Group Plan Sponsor's Signature: _____ Date signed: _____