# Apply for Employer Access to myPRES

Presbyterian Health Plan's free myPRES Service gives you anytime access to updated information about claims, authorizations, eligibility and more!

**Company name*:**

**Group number*:**

**First name*:**

**Last name*:**

**Phone*:**

**E-mail*:**

**Position title*:**

You can choose a personalized User ID:
- It must be at least 7 characters
- It must be all UPPERCASE
- It cannot have spaces or odd characters, such as /, ?, or $

If you don't choose one, we will provide you with one.

**Preferred User ID:**

**Contact Information**

**Same as person submitting request?**

**First name*:**

**Last name*:**

**Phone*:**

**E-mail*:**

**Preferred User ID:**

## Request Additional Users

Please enter the following information for ALL additional staff members who are requesting a myPRES user account:

|  | First Name | Last Name | Email | Preferred User Id |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |

If you have more users to add, please submit this form, then resubmit the form with any additional names.

## Desired Access

Check the boxes below to indicate the functions to which you would like to have access. You must indicate yes or no for each field.

### Dependent Access

| | | |
|---|---|---|
| | Member Information | View member eligibility, benefits, dependents, claims and authorizations information. |
| | Request ID cards | New ID cards are created and mailed to the member. |
| | Change PCP | Allows member to select and request a new Primary Care Physician(PCP). |

### Subscriber Access

| | | |
|---|---|---|
| | Member Information | View member eligibility, benefits, dependents, claims and authorizations information. |
| | Request ID cards | Request replacement cards or full member packets (includes benefits book). |
| | Change PCP | Find a new PCP and elect and request a change. |
| | Update address | Updates subscriber mailing address. |
| | Add Dependent | * Adds dependents to existing member contracts under predefined qualifying events.* |
| | Term Dependent | * Terminates coverage of dependents. |
| | Term Contract | * Terminates coverage of all members under a contract. |

* When this option is selected, all requests submitted by members are routed to the employer group user for review and approval prior to submission to PHP

### Employer Group Access

| | | |
|---|---|---|
| | Member Information | View member eligibility, benefits and dependents' information. |
| | Request ID cards | Request replacement cards or full member packets (includes benefits book). |
| | Update address | Updates subscriber mailing address. |
| | Add Dependent | Adds dependents to existing member contracts under predefined qualifying events. |

| | Term Dependent | Terminates coverage of dependents. |
|---|---|---|
| | Term Contract | Terminates coverage of all members under a contract. |

## Comments

Please add any other comments or instructions here:

## Terms and Conditions

Please read the terms and conditions carefully. They govern your use of the PHS website ("Site"). Your use of our Site constitutes your acceptance of all these terms and conditions. If you do not agree to these terms and conditions, do not access the website or any of its pages. These terms and conditions are subject to updating at any time without prior notice. Updating may include superseding terms and conditions or specific notices. You should revisit the Site to review these terms and conditions from time to time to be aware of any changes. Your continuing use of this Site constitutes your acceptance of any changes or updates, all of which take effect when posted to the Site.

I have read and accepted the Terms and Conditions for Utilization of myPRES (required field)

Thank you for signing up for myPRES.