



POLICYHOLDER THIRD-PARTY USER ACCESS AUTHORIZATION FORM

Please complete this form and return it to help@fcci-group.com to provide authorization for a third-party user, such as a payroll company employee, to access your ExpressServeSM account.

ACCOUNT INFORMATION

Account Name: _____

Account Number (or Policy Number): _____

Agency: _____

REQUESTED THIRD-PARTY ACCESS

List which users will be granted access to ExpressServe. Access to ExpressServe is issued on an individual user basis, per account.

FIRST NAME	LAST NAME	E-MAIL ADDRESS	COMPANY NAME	SELECT USER PERMISSIONS
				<input type="checkbox"/> Full ExpressServe Access <input type="checkbox"/> Self-Reporting Access Only <i>Selecting Self Reporting Access Only limits the user's view of ExpressServe to conceal policy and claim information.</i>
				<input type="checkbox"/> Full ExpressServe Access <input type="checkbox"/> Self-Reporting Access Only <i>Selecting Self Reporting Only Access limits the user's view of ExpressServe to conceal policy and claim information.</i>

POLICYHOLDER AUTHORIZATION

By signing here and submitting this form to FCCI, I authorize FCCI to provide the individuals listed above with access to ExpressServe.

Submitted by (name): _____

Title: _____

Email: _____

Phone Number: _____

Signature: _____

Date: _____