



Please scan and email to support@betahg.com or fax to 925.838.6088 (Attention: Support)

Member Area Access Authorization Form (MAAAF)

Our Member Area provides confidential online access to your organization’s claims, risk management and employee safety resources. Please note that many of the resources on our site are proprietary and intended for our members and insureds only.

Please provide the following updates:

- (1) Add any individuals authorized to have access to your organization’s information. For HIPAA compliance and to protect the confidentiality of posted data, please restrict access based on a “need to know” basis.
- (2) Cross out any individuals who should no longer have access. If someone has left your organization, please check the “no longer with org” box.
- (3) Update any incorrect information or make changes to any previously authorized accounts.

Name – Job Title	Email Address	Job Duties Require Access To									
		No longer with org	General Info	Liability Coverage			Workers’ Compensation Coverage				
				Claim Reports	RM Reports	RM Funds	SIMS Claims	Connections Portal	Report Claims	ES Reports	CARE Funds

- General Info** = Online access to risk management publications, presentations, peer review information, and video lending library
- Claim Reports** = Online access to printed liability claim reports and Business Objects data analysis
- RM Reports** = Online access to restricted and confidential risk management assessment reports protected under quality improvement / Evidence Code 1157
- RM Funds** = Online access to Risk Management Resource Fund (RMRF) and High-Risk Emergency Medicine Tuition reimbursement reports
- SIMS Claims** = Online access to workers’ compensation SIMS claim database
- Connections Portal** = Online access to workers’ compensation underwriting documentation, renewal applications and workers’ compensation claim reports
- Report Claims** = Connections portal access to report workers’ compensation claims online
- ES Reports** = Online access to restricted and confidential employee safety assessment reports
- CARE Funds** = Online access to CARE Fund reports

I hereby authorize BETA Healthcare Group to provide the access rights above (*signature*)*: _____.

Printed Name	Title	Facility Name	Date

* = CEO, Administrator, Joint Powers Authority Agreement Signer (BETARMA) or Subscribers Agreement Signer (HealthPro)