PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

601 57th Street SE
Suite 2
Charleston, WV 25304
888-680-7342
peia.help@wv.gov
www.peia.wv.gov

Public Employees Insurance Agency

Premiums Administrator Designation Form

Account Name:

Agency Account Number:

Applicant Name:

Applicant Email Address:

Each participating agency MUST name a Premiums Administrator to assist in the billing process. If more than one Premiums Administrator is to be designated, each must register individually on the website, print and sign this agreement.

The above-designated Premiums Administrator has the authority to commit the agency to paying premiums for the coverage chosen by the agency's employees. He or she also has the sole responsibility to protect the information used to gain administrative access to the site, and the confidentiality of the data contained therein.

By signing this form, you are agreeing to use a digital mark in lieu of a written signature. To use this digital mark, you must agree:

1. That you will not share with any other person the password, code or other security key required for use of the mark;

2. That the use of the mark represents confirmation of a record;

3. To notify the agency immediately once you become aware that the security key is compromised; and

4. That you understand the provisions of W. Va. Code §61-3C-10 prescribes the penalties for the unauthorized disclosure of a password, identifying code, personal identification number or other confidential security information.

5. All authorized users must sign this agreement prior to obtaining access to the information.

6. The Agency Representative will ensure that the adequate separation is supported by reasonable and appropriate security measures.

7. The Agency Representative will restrict the access to and use of PHI received from the PEIA to the plan administration functions that the Agency Representative performs for the PEIA. No further uses are permitted.

8. The Agency Representatives may be subject to discipline in the event any PEIA information is used or disclosed in violation of any of the provisions of this agreement.

By signing below the agency and agency representatives agree that they are contractually bound to PEIA upon the above terms.

Applicant Premium Administrator Signature:

Date:

Agency Head Signature:
Date:

Please email to: Susan.j.beaty@wv.gov