

iVOS Access Request Form

Sedgwick Claims Management Services, Inc.

SECTION 1: USER INFORMATION

A. User Information

Last Name: _____ First Name: _____

Phone Number: _____ E-mail: _____

Date Access Needed: _____ Position Title/Role: _____

To be filled out by either user or supervisor. If you are unsure of the security group, please provide a model user.

iVOS Security Group:

Your signature on this Request for Access to the University Claims Enterprise System indicates that you acknowledge and understand that as a user of the system you are expected to maintain the privacy and confidentiality of all data which you have access to and may not disclose it to other parties. Sharing your password or providing access to another person is prohibited. Non-compliance with the above may result in discontinuance of access privileges and/or other personnel action.

Signature of User receiving access: _____

Date: _____

B. Access Request Type

Please specify user access type: New user access Change user access Termination

Please specify access type: University Other: _____

C. Line of Business

Please specify line of business user needs access to:

WC PMHL HSR GL Property EPL Auto

WC: Workers Compensation; PMHL: Professional Medical Hospital Liability; HSR: Human Subject Research; GL: General Liability; EPL: Employment Practices Liability

D. Account Access & Security Information

Required Model User (enter the name of another user with the same access):

Is this person a supervisor? YES NO

Is this person a diary recipient? YES NO

Does this person need access to Scanned Information Retrieval System (SIR)? YES NO

SECTION 2: APPROVALS

A. Manager/Supervisor

Last Name:

First Name:

Phone Number:

E-mail:

Supervisor's Signature:

Date of Approval:

B. Office of the President Risk Services

EPL Signature:

Date of Approval:

GL/Auto/Property Signature:

Date of Approval:

PMHL Signature:

Date of Approval:

Workers' Comp Signature:

Date of Approval:

C. Email Instructions

If the user needs access to multiple business lines, please email the completed form to one program manager at a time, in the order listed below:

- Employment Practices Liability: Greer.Gustavson@ucop.edu
- General Liability/Auto/Property Liability: Melissa.Burley@ucop.edu
- Professional Medical Hospital Liability: Jacqueline.ZeeWilliams@ucop.edu
- Workers' Compensation: Angela.DeBortoli@ucop.edu