



EMPLOYEE NAME: _____ Employer/Group#: _____

DEPENDENT NAME: _____

SOCIAL SECURITY #: _____

In compliance with HIPAA security, the INTEGRA website now requires that any dependent age 18 or older must grant access to other enrolled family members to view their on-line information. Dependents age 18 and older must submit their personal social security number to INTEGRA to establish their on-line registration. Permission grants are located in the Member Tool Box.

I authorize INTEGRA to use my social security number to establish my on-line registration at www.integratpa.com

DEPENDENT SIGNATURE

DATE