

TXCOMP SYSTEM PROCEDURES

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WELCOME TO TXCOMP

The TXCOMP system will be used as a secured window into the Independent Review Organization (IRO) Online Request Form.

You must create a User ID and Password in the TXCOMP system to gain access into the IRO Online Request Form. The IRO Online Request Form can not be accessed without the TXCOMP system.

Access to the TXCOMP system will be administered by the Texas Department of Insurance (TDI) Health and WC Network Certification (HWCN) & QA Division.

There are 2 access roles in the TXCOMP system:

- **IRO Request – Company Administrator (applicant)**

The IRO Request Company Administrator (Administrator) is for an insurance carrier (carrier) or utilization review agent (URA). The Administrator will submit an application to the TDI HWCN Division for authorization to access the IRO Online Request Form. Once the application to be an Administrator is approved by the HWCN Division, the Administrator will then be authorized to designate other entities or persons to submit requests for independent review using the IRO Online Request Form on the Administrator's behalf. These designees are identified as IRO Request – Third Party Admin Designee (users). The Administrator will be responsible for approving or disapproving access to Third Party Admin Designee acting on behalf of the Administrator.

- **IRO Request – Third Party Admin Designee**

Upon authorization by a Company Administrator, a third party user will be able to access the IRO Online Request Form through the TXCOMP system and submit requests on the company's behalf.

Access to the IRO Online Request Form through the TXCOMP system will be monitored by the TDI HWCN Division. The HWCN Division maintains the right to terminate the authority to access the TXCOMP system at its discretion.

REQUIRED INFORMATION

All required fields throughout the TXCOMP Access system will have an asterisk (*) to indicate the field is required. The information must be entered in its entirety for the system to allow you to continue.

You must click on the **<<BACK** button (located at the end of each screen), if you need to return to a previous screen.

DO NOT USE the **BACK** button located on the Internet Tool Bar at the top of the screen in the left corner. This button will cause you to receive an error message and take you out of the TXCOMP system.

Example: (DO NOT USE)



Example: (Correct Back button to use)

A screenshot of a web form titled "Primary Contact Information" in Microsoft Internet Explorer. The form contains several required fields marked with an asterisk (*):

- City/Town
- State (Required for USA)
- ZIP/Postal Code (No dashes)
- Texas County (Required for Texas)
- Country (United States)
- State / Province / Region (Non USA only)
- Primary Telephone Number:
 - Type (Please select one)
 - Country Code (Required for non USA - numbers only)
 - Area Code (Required for USA)
 - Number (Numbers only)
 - Extension
 - Kind (Voice)

At the bottom of the form, there are three buttons: "<< Back", "Continue >>", and "Cancel". The "<< Back" button is circled in black.

REQUIRED INFORMATION

The following information will be required to complete your access request:

ONLINE ACCESS REQUEST

What type of access are you requesting? (**Administrator or Designee**)

First Name

Last Name

At least one of the following:

Social Security Number (numbers only)

Drivers License/ID Number and Jurisdiction

Green Card Number

Foreign ID and Country

Date of Birth (**mm/dd/yyyy**)

Gender

PRIMARY CONTACT INFORMATION

Email Address

Confirm Email Address

Address Line 1

City/Town

State (choose state from drop down list)

Zip/Postal Code

Country

PRIMARY TELEPHONE NUMBER

Type (**choose type from drop down list**)

Area Code

Number

Kind (**choose type from drop down list**)

IRO REQUESTING SUBMITTING ADMINISTRATOR INFORMATION

IRO Request Submitting Organization Affiliation (**choose from drop down list**)

Are you the TXCOMP System Administrator for your organization? (**choose Yes or No**)

Yes will place you in an admin role and **No** will place you in a designee role in TXCOMP.

Primary Fax Number

Country Code

Area Code

Number

TXCOMP User Identification Information

User ID (**Combine at least 7 letters (A-Z) and numbers (0-9)**)

New Password (**Combine at least 8 letters (A-Z) and numbers (0-9)**)

Password Hint

REQUEST ONLINE ACCESS

Begin by selecting Request Online Access located on the left blue column as shown in the example circled below.



Request Online Access Instructions

Select Role from the drop down list and fill in form. The Role will either be an IRO Requests – Company Admin (applicant) or an IRO Requests – Designee (applicant).

There are drop down Boxes with lists to choose from throughout the application.

Example:

Please select one. ▼
IRO Requests – Company Admin (applicant)
IRO Requests – Designee (applicant)

The screenshot shows a web browser window titled "Personal Identification - Microsoft Internet Explorer". The address bar displays the URL: <https://jacobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/provider/OnlineAccessEntry.do?route=PersonalIdentification>. The page features a red header with the "TXCOMP" logo and a navigation menu on the left. The main content area is titled "Online Access Request" and includes a warning: "If you have been injured on the job, please ensure that you report your injury to the Texas Department of Insurance, Division of Workers' Compensation before requesting TXCOMP system access." Below this, it states "Items marked with an asterisk (*) are required." The "Personal Identification Information" section contains a dropdown menu for "Role" with the option "IRO Requests - Company Admin (applicant)" selected and circled. Other fields include "First Name", "Middle Name", "Last Name" (with the instruction "Name without professional credentials"), and "Name Suffix" (with "None." selected). A "Help Ayuda" icon is visible in the top right corner.

Request Online Access Instructions

You must enter data in all required (*) fields. Once you have entered the data for the fields shown below click on the **Continue>>** button.

The screenshot shows a web browser window titled "Personal Identification - Microsoft Internet Explorer". The address bar contains the URL: <https://acobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/provider/OnlineAccessEntry.do?route=PersonalIdentification>. The form contains the following fields:

- Middle Name:
- * Last Name: Name without professional credentials
- Name Suffix:
- Name Suffix:
- * At least one of the following:
 - Social Security Number: Numbers only
 - Driver License/ID Number and Jurisdiction:
 - Green Card Number:
 - Foreign ID and Country:
- * Date of Birth: mm/dd/yyyy
- * Gender: Male Female

Buttons:

Request Online Access Instructions

Continue entering data in all required (*) fields. Once you have entered the data for the fields shown below click on the **Continue>>** button.

Example:

Primary Contact Information

Items marked with an asterisk (*) are required.

*Email Address

*Confirm Email Address

Primary Mailing/Correspondence Address

Business Name

* Address Line 1

Address Line 2

* City/Town

State Required for USA
None

* ZIP/Postal Code No dashes

Texas County Required for Texas
None

* Country United States

State / Province / Region Non USA only

Primary Telephone Number

* Type Please select one.

* Country Code Required for non USA - numbers only

* Area Code Required for USA

* Number Numbers only

Extension

* Kind Voice

Request Online Access Instructions

Continue entering data in all required (*) fields. Once you have entered the data for the fields shown below click on the **Continue>>** button.

Role Information - Microsoft Internet Explorer

Address: <https://acobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/provider/OnlineAccessEntry.do?route=RoleSpecific>

Role Specific Information

- Confirmation
- Your Next Steps...

IRO Request Submitting Administrator Information

Items marked with an asterisk (*) are required.

* IRO Request Submitting Organization Affiliation
Please select one.

* Are you the TXCOMP System Administrator for your organization? Yes No

Primary Fax Number

* Country Code Numbers only

* Area Code Required for USA

* Number Numbers only

Extension

TXCOMP User Identification Information

* User ID Combine at least 7 letters (A-Z) and numbers (0-9).

* New Password Combine at least 8 letters (A-Z) and numbers (0-9).

* Confirm Password

Password Hint

<< Back **Continue >>** Cancel

CONFIRM INFORMATION PAGE

Check and verify that the information you have entered is correct. If the information is correct, select the **Continue>>** button. If the information is not correct, select **Update** and edit as needed.

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying `https://jacobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/provider/OnlineAccessEntry.do?route=SarfConfirm`. The page content is as follows:

Confirm Information

Personal Identification Information

First Name
Middle Name
Last Name
Name Suffix
Social Security Number
Date of Birth
Gender
Role

Primary Contact Information

Email Address
Business Name
Address Line 1
Address Line 2
City
State
ZIP/Postal Code
Texas County
Country
State / Province / Region
Telephone Number

IRO Request Submitting Information

Fax Number
Organization Affiliation
TXCOMP System Administrator

TXCOMP User Identificati

User ID
New Password
Password Hint

A red horizontal bar is visible at the bottom of the page content area.

YOUR NEXT STEPS ARE...

This page contains information on what your next steps will be. The User **has not** been granted access to TXCOMP yet. Follow the steps outlined on the screen and select the [View System Access Request Form](#) located at the bottom of the screen as shown below.

Your Next Steps Are...

TDI / DWC has received your access request.

Please take whatever steps you need to now in order to remember your TXCOMP user ID and password!

Important note:

1. At this time, if you are a doctor, you have not been qualified for inclusion in any DWC doctor list. You must apply first. Your access request will enable you to apply.
2. You will not have TXCOMP system access until you follow *Your Next Steps* below.

Your Next Steps

1. You will need to view and print the System Access Request Form (SARF). In order to view the SARF, you will need Adobe Acrobat Reader. If you do not have Acrobat Reader, please click the Adobe Acrobat Reader Icon below and follow the instructions to download the free software. If your browser does not view documents using Adobe Acrobat Reader, go to http://access.adobe.com/simple_form.html for assistance. Acrobat Reader copyright (C) 1987-1997 Adobe Systems Incorporated. All rights reserved. Adobe and Acrobat are trademarks of Adobe Systems Incorporated.
2. You will need to select VIEW in order to view the System Access Request Form.
3. Print the System Access Request Form. Read the instructions of the last page of the form and follow them fully to sign and return the form back to TDI / DWC.
4. After that, expect 7-10 work days for the form to arrive at TDI / DWC and be processed. TDI / DWC will send you an email to tell you when your user ID and password are ready to use. If you are a doctor, you may then log on to TXCOMP and apply for inclusion in a DWC doctor list.

For questions concerning this process, send an email to txcomp.help@tdi.state.tx.us or call 1.888.489.2667

[View System Access Request Form](#)

[Continue](#)

Accessibility Disclaimer Privacy DWC Texas Online

SYSTEM ACCESS REQUEST FORM CONFIDENTIAL INFORMATION AGREEMENT

Complete the System Access Request Form Confidential Information Agreement stating you understand, agree and do hereby certify that you are the referenced individual requesting access to TXCOMP. You are also agreeing to comply with all of the required elements of the System Access Request Form Confidential Information Agreement.

PRINT THE SYSTEM ACCESS REQUEST FORM AND RETURN THE FORM BACK TO DWC/HWCN

SEND SIGNED FORM TO:
Texas Department of Insurance, Division of Workers' Compensation/HWCN
7551 Metro Center Drive, Suite 100, MS-97
Austin, Texas 78744
OR FAX SIGNED FORM (WITHOUT A COVER PAGE) TO:
(512) 804-4241

Allow 7-10 work days for the form to arrive at DWC and be processed. A TXCOMP Administrator will approve the Online Request Form and the HWCN Division will send you an email to notify you when your user ID and password are ready to use.

SYSTEM ACCESS REQUEST FORM CONFIDENTIAL INFORMATION AGREEMENT



Texas Department of Insurance
Division of Workers' Compensation
SYSTEM ACCESS REQUEST FORM
CONFIDENTIAL INFORMATION AGREEMENT



109130520

TEST TEST

Position or Role: IRSX IRO Requests - Company Admin (applicant)

Representing: 5 STAR LIFE INSURANCE COMPANY

Administrator: Yes

I understand and agree (please initial each statement below):

- _____ that in accordance with Texas Labor Code §402.082 and §402.086, information relating to a claim that is confidential remains confidential when released to any person, except when used in court for the purposes of an appeal and that unauthorized disclosure of confidential information may be punished by up to one year imprisonment and/or a fine of up to \$4000. Texas Government Code §552.352. Texas Labor Code §402.091.
- _____ that I devised a password and User ID when I requested this form online and that the computer system password(s) I devise or may receive are confidential.
- _____ that I will not disclose to any unauthorized person any password(s) which I devise or am given, and I will not post them where they may be viewed by unauthorized people.
- _____ that I will change my password periodically.
- _____ that I am responsible for any computer transactions performed as a result of access authorized by use of any passwords that I receive or devise.
- _____ that if I no longer need access to the TXCOMP system, I will call 1-888-4TXCOMP (1-888-489-2667) or send an e-mail to txcomp.help@tdi.state.tx.us to delete my account.
- _____ that I am NOT to use a password that I am not specifically authorized to use, or in any other way attempt to circumvent the computer security system.
- _____ that failure to observe these policies, procedures and restrictions may constitute a Breach of Computer Security under Texas Penal Code §33.02, and may result in loss of access to the TXCOMP system at the Commission's sole discretion.

I, the undersigned, do hereby certify that I am the above-referenced individual requesting access to TXCOMP, or I am expressly authorized to obtain access to TXCOMP for the above identified organization and, that by submitting this System Access Request Form with my original signature, I am responsible for any information accessed or entered into TXCOMP computer system using my password and I am responsible and liable for any information contained in this submission. I understand that DWC may rely on the accuracy of the information I submit. I am duly authorized and qualified to access the requested confidential information and have read and complied with the instructions that accompanied this form, and by submitting this System Access Request Form, I agree to each paragraph above.

Signature:	Name
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This System Access Request Form must be signed and returned to the Division no later than 90 days after the date printed on the bottom of this form, or you must begin the System Access Request process again.

SEND SIGNED FORM TO:
 Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100, MS-97
 Austin, Texas 78744

OR FAX SIGNED FORM (WITHOUT A COVER PAGE) TO:
 (512) 804-4241

11/16/2006
 SARF-04

SYSTEM ACCESS REQUEST FORM CONFIDENTIAL INFORMATION AGREEMENT

You do not need to return this instructional page with your signed agreement. If you have questions concerning this agreement or the online TXCOMP System, call **1.888.4TXCOMP** (1.888.489.2667) or send an email to **txcomp.help@tdi.state.tx.us**.

INSTRUCTIONS

You do not need to correct any of the printed information at the top of the form (Name, Address, and Role). Once you receive your account activation email, you can log on to TXCOMP, access your profile and make appropriate changes.

Individual Access

TXCOMP access is granted to an individual, who is responsible for all actions taken using the individual's TXCOMP account. **Only you should use your User ID and Password.**

To activate your TXCOMP account, print, sign, and return the enclosed agreement. When DWC has processed the signed agreement, DWC will notify you by email that your TXCOMP account has been activated. DWC sends the email to the address you provided when you requested TXCOMP access.

Organization Access

A TXCOMP System Access Request cannot be submitted solely in the name of an organization. An organization will coordinate with DWC to grant access to specified individuals who will access TXCOMP information on behalf of the organization. Each such individual must submit the person's own TXCOMP System Access Request. For security purposes, each individual submitting a TXCOMP System Access Request must have a separate email address.

Updates After Account Activation

When you first log on to the TXCOMP system you may be prompted to update your profile.

- If you are an individual with specific access rights under the Texas Workers' Compensation Act (such as an injured worker, an attorney, or a health care provider), you do not have to provide any organization information. Review and update the information in the profile.
- If you are an individual who will access TXCOMP on behalf of an organization such as an employer or insurance carrier, you will be authorized to access TXCOMP information based on permissions granted by the organization's administrator. You will need to update your profile to add organization information. You can receive access on behalf of more than one organization.

LOGGING ON

Enter your User ID and Password in the fields circled below and select the **Log On** button.

TXCOMP Home About TXCOMP Contact Us **Log On**

[Link to log on](#)

Log On

TXCOMP provides the ability for participants in the Texas Department of Insurance, Division of Workers' Compensation system to access, enter, and update information online.

- Registered users, type your User ID and Password and select Log On to access TXCOMP;
- Need a password hint? Type your User ID and select Need a Hint to receive the Password Hint created when you set up your Password;
- Forgot your Password and the hint didn't help? Type your User ID, select Forgot Password, and a new password will be sent to your email address.

There is a limit of 5 invalid access attempts to TXCOMP.

* User ID

* Password Case-sensitive

[Need a hint?](#) [Forgot Password?](#)

Unauthorized use of TXCOMP is prohibited by Texas and US law. Usage may be subject to security testing and monitoring. Misuse of TXCOMP is subject to criminal prosecution.

IRO REQUEST THIRD PARTY ADMIN DESIGNEE LOG ON

If you are an IRO Request Third Party Admin Designee and you are logging into the TXCOMP system enter your user ID and password and select log on. You will see the **Individual Profile** screen below. Select the [IRO Request Form](#) located below the **IRO Representative Affiliation**. This will take you directly into the Independent Review Organization (IRO) Online Request Form System.

The screenshot displays the 'Individual Profile' page in Microsoft Internet Explorer. The browser address bar shows the URL: <https://acotxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/login/SecurityAction.do?clearBackCache=Y>. The page features a navigation menu with links for Home, About TXCOMP, Contact Us, Profile, and Log Off. The main content area is titled 'Individual Profile' and includes a 'Back' link. Below this, there is a section for 'Personal Information' with fields for Customer ID, Name, Date of Birth, Gender, Social Security Number, Driver License/ID Number, Green Card Number, Foreign ID, Time Zone, Email Address, and TXCOMP User ID. A 'View Alternate Name(s)' link is also present. The 'IRO Representative Affiliation' section shows the user is representing 'ABBA INDEMNITY COMPANY' and includes a circled link to the 'IRO Request Form'. The 'Contact Information' section provides primary contact address and phone numbers. The 'TXCOMP Roles' section displays a table with two roles: 'IRO Requests - Company Admin (approved)' and 'IRO Requests - Company Admin (applicant)', both with a start date of 11/09/2006. The page footer contains a 'Back to Top' link and a navigation bar with links for Accessibility, Disclaimer, Privacy, DWC, and Texas Online.

Individual Profile

Displayed is the personal profile information available in TXCOMP. To view additional information within a particular category, select that category.

Personal Information

Customer ID: 109130506
First Name: Marty
Middle Name: L
Last Name: Coleman
Name Suffix:
[View Alternate Name\(s\)](#)

Date of Birth: 01/02/1959
Gender: Male

Social Security Number: 234556789
Driver License/ID Number:
Green Card Number:
Foreign ID:
Foreign ID Country:

Time Zone:
Email Address: martin.coleman@tdi.state.tx.us
[Update Personal Information](#)

TXCOMP User ID: martinloser1
[Update User ID/Password](#)

IRO Representative Affiliation

Representing: [ABBA INDEMNITY COMPANY](#)
[IRO Request Form](#)

Contact Information

Primary Contact Address
XYZ Regulatory Agency
123 Bubba Street
Buda, TX 78701
Hays County

Primary Contact Phones
Voice: 1.512.724.7778
Fax: 1.512.445.7894
[Update Contact Information](#)

TXCOMP Roles

2 items found, displaying all items.

Role	Start Date	End Date
IRO Requests - Company Admin (approved)	11/09/2006	
IRO Requests - Company Admin (applicant)	11/09/2006	11/09/2006

[Back](#) [Back to Top](#)

Accessibility Disclaimer Privacy DWC Texas Online

IRO REQUEST – COMPANY ADMINISTRATOR LOG ON/ APPROVE OR DISAPPROVE

If you are an IRO Request Company Administrator and you are logging into the TXCOMP system enter your user ID and password and select log on.

You will see the **Individual Profile** screen below. Select the [IRO Request Form](#) located below the **IRO Representative Affiliation** if you are submitting an IRO Request. This will take you directly into the Independent Review Organization (IRO) Online Request Form System.

If you need to **Approve** or **Disapprove** an IRO Request – Third Party Admin Designee complete the instructions below:

Select the **ABBA INDEMNITY COMPANY** located below the **IRO Representative Affiliation** as shown in the example below.

Individual Profile - Microsoft Internet Explorer

Address: <https://acobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/login/SecurityAction.do?clearBackCache=Y>

IRO Representative Affiliation

Representing [ABBA INDEMNITY COMPANY](#)

[IRO Request Form](#)

Contact Information

Primary Contact Address
XYZ Regulatory Agency
123 Bubba Street
Buda, TX 78701
Hays County

Primary Contact Phones
Voice 1.512.724.7778
Fax 1.512.445.7894

[Update Contact Information](#)

TXCOMP Roles

2 items found, displaying all items.

Role	Start Date	End Date
IRO Requests - Company Admin (approved)	11/09/2006	
IRO Requests - Company Admin (applicant)	11/09/2006	11/09/2006

[Back](#) [Back to Top](#)

Accessibility Disclaimer Privacy DWC Texas Online

Start TXCOMP I... 2 Novell ... Individua... 1:47 PM

IRO REQUEST – COMPANY ADMINISTRATOR LOG ON/ APPROVE OR DISAPPROVE

The Organization Profile screen lists your General Information, Contact Information and Independent Review Submitting Organization Information.

Below the Independent Review Submitting Organization Information select the [Select Third Party Administrator](#).

The screenshot shows the TXCOMP Organization Profile page. The browser window title is "Organization Profile - Microsoft Internet Explorer". The address bar shows the URL: <https://jacobxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/coverage/Coverage.do?organizationNamePertainsTo=Marty+L+Coleman>. The page has a red header with navigation links: Home, About TXCOMP, Contact Us, Profile, Log Off. A "Back" link is visible on the left. The main content area is titled "Organization Profile" and includes a "SHOW" button. Below the title, there is a instruction: "Select an underlined link to view more information about the item selected." The page is divided into three main sections: "General Information", "Contact Information", and "Independent Review Submitting Organization Information".

General Information

Customer ID	109125962	
Organization Name	ABBA INDEMNITY COMPANY	
View Alternate Names		
FEIN	760106724	
Email Address		
Continue Notification	Yes	
Role	Start Date	End Date
IRO Request Submitting Organization	10/31/2006	
Time Zone	Central Time	

Contact Information

Primary Address

P O BOX 230367
1421 TELEPHONE ROAD
HOUSTON, TX 77223-0367
713.924.5000(Voice)

Primary Phones

[View Contact Summary](#)

Independent Review Submitting Organization Information

[Update Third Party Administrator Organization Employee](#) | [Select Third Party Administrator](#)

At the bottom of the page, there are links for "Back" and "Back to Top", and a red footer bar with links for "Accessibility", "Disclaimer", "Privacy", "DWC", and "Texas Online".

IRO REQUEST – COMPANY ADMINISTRATOR LOG ON/ APPROVE OR DISAPPROVE

The **View Third Party Administrator** screen will list all of the names and address of the Third Party Designees that need to be approved or disapproved.

Select the Name of the Designee you are approving or disapproving.

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying <https://acotxc9.z1.tdi.state.tx.us:9444/TXCOMPWeb/coverage/Coverage.do>. The page content includes a navigation menu with links for Home, About TXCOMP, Contact Us, Profile, and Log Off. The main heading is "View Third Party Administrators". Below the heading, there is a "Back" link and a "SHOW" button. The text indicates that the information pertains to "ABBA INDEMNITY COMPANY" and that 4 items were found. A table lists the following information:

Name	Address
1ST TEXAS PROGRAM ADMINISTRATORS, INC.	1400 NORTH COOPER STREET SUITE 100 ARLINGTON 760115556
3 MARK FINANCIAL-TEXAS, INC.	2900 WILCREST DRIVE SUITE 245 HOUSTON 77042
GRAYHAWK FINANCIAL AND BENEFITS SERVICES, INC.	1740 NORTH COLLINS BLVD SUITE 200 RICHARDSON 750803648
WALGREENS HEALTH INITIATIVES, INC.	200 WILMOT ROAD DEERFIELD 600154620

At the bottom of the page, there are links for "Back" and "Back to Top", and a footer with links for Accessibility, Disclaimer, Privacy, DWC, and Texas Online. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 1:56 PM.

IRO REQUEST – COMPANY ADMINISTRATOR LOG ON/ APPROVE OR DISAPPROVE

Update Relationships by selecting Approve Yes or No by each employee's name. Select the Save button and Log Off.

If you are an administrator designee and you are disapproved you will receive an email notifying you of the administrator decision to disapprove your request. Please contact your company administrator if you have a question regarding your disapproval.

