

## **POLICYHOLDER USERNAME AND PASSWORD ASSISTANCE FORM**

Complete this form and fax it to 312-782-2023, Attn: Online Help, to request your username and password for the ISMIE web site. Once your information is verified, your login information will be sent to the e-mail address you designate below.

**YOU SHOULD KEEP YOUR WEB SITE USER ID AND PASSWORD SECURE BECAUSE IT ALLOWS ACCESS TO YOUR CONFIDENTIAL CLAIMS HISTORY, FINANCIAL RECORDS AND RISK REWARDS RECORDS.**

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Practice address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

By signing below, you attest that you are the named insured on the policy in question and the login information be requested is for your individual use.

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Policyholder/Insured Signature

Date