For Members who want to authorize online access for their broker/agent.

As the employer, I authorize the Trust to release its workers' compensation files concerning injured employees and other related information to my Broker/Agent. I understand and agree that I may be releasing highly sensitive and confidential information to the Broker/Agent, and such release could result in liability to my company for any improper disclosure by the Broker/Agent. Further, my company will indemnify, defend and hold the Trust harmless from any claim arising from the release of this information to my Broker/Agent. This Agreement may be withdrawn, in writing, at any time by me for any reason, or by the Trust if the Broker/Agent violates this agreement or discloses confidential information in violation of this Agreement.

Please fill out this form and fax back to Jim Longo at (203) 678-0317.

Insured: _____ _____ Policy: _____

Administrator: _____ Title: _____
please print clearly

Signature: _____ _____ Date: _____

Broker/Agent Agreement to Maintain Confidentiality - On-Line Access

In consideration for its on-line access to the Workers' Compensation Trust's workers' compensation files of the injured employees, I agree that I will not improperly disclose or use the confidential information obtained about a workers' compensation claim, including any medical information or any proprietary information of the Trust. I will limit disclosure to others with a legitimate need to know the information for purposes of risk and absence management, return-to-work and other related reasons, and will take all reasonable measures to protect the confidential information including my password from any other disclosure on an ongoing basis.

I further agree to comply with any procedures established by the Trust regarding disclosure, destruction, storing and handling of any confidential information. The Trust may periodically monitor the information that is being disclosed and forward requests to me regarding the use of the information. The Trust may terminate online access at any time. By signing below, I agree to maintain the confidentiality and abide by all other requirements on information made available or provided by the Trust in its on-line access service.

Broker/Agent: _____ Agency: _____

Email: _____ _____

Signature: _____ _____ Date: _____