



Request for KHRIS Security Access for
NonCommonwealth Paid ICs and BLs

Instructions: Complete access request form and fax to Lulu Cisse at 502-564-5278.

Company Number:	Company Name:
KHRIS Organizational Unit Number (Org. Unit):	
Requestor's Name and Title (IC or BL's manager)	
Requestor's Signature	Date:

<i>Please indicate role(s) for person below:</i>	
<input type="checkbox"/> NCP IC I - Benefits Administrator role (Insurance Coordinator with full access)	
<input type="checkbox"/> Billing Liaison: <input type="checkbox"/> <i>Read</i> or <input type="checkbox"/> <i>Write</i>	Read: View only (restricted access) Write: Change (full access)
<input type="checkbox"/> Biller Direct: <input type="checkbox"/> <i>Read</i> or <input type="checkbox"/> <i>Write</i>	

<i>Grant access to:</i>	
Name:	SSN:
Personnel Number:	KHRIS User ID:
E-mail Address:	Work Phone Number:
Fax Number:	
Access Start Date:	Access End Date:

<i>Does this person replace someone in your agency?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following:	
Name:	SSN or Personnel Number:

***All training must be completed before access is granted.

To be completed by DEI	
Verify training completion <input type="checkbox"/> Date:	Request sent to ACB <input type="checkbox"/> Date:
Ticket closed <input type="checkbox"/> Date:	