

WEX Cloud Employer Login Request



Please list below all employer contacts that will need logins to access the WEX Cloud Employer Portal. The listed contacts will have access to all participants' accounts. Asi will create and email the username and temporary password to each individual indicated. Please email this form to flexhelp@asibenefits.com or fax to 559-475-5782.

COMPANY NAME:

1. CONTACT NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

2. CONTACT NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

3. CONTACT NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

We, the employer hereby authorize the following individuals listed above on this application to access our group's employee information with ASi and the WEX Cloud Employer portal. This access of our group's information, such as but limited to enrollees, plan selections and invoices. These authorizations shall terminate if the ASi plan terminates or ASi receives notification of contact changes.

Company Officer Signature: _____

Printed Name: _____

Title: _____

Date: _____