



Missouri Consolidated Health Care Plan
573-751-0771 · 800-487-0771 · www.mchcp.org
832 Weathered Rock Court, Jefferson City, MO 65101

eMCHCP Access

Submit this form:

 **Online:** Upload through myMCHCP
 **Fax:** 866-346-8785
 **Mail:** PO Box 104355
Jefferson City, MO 65110-4355

Please print clearly

Instructions

eMCHCP is a secure area within MCHCP's website. eMCHCP provides human resource/payroll representatives with a secure and efficient notification and information system. All information is strictly confidential and should only be used to provide MCHCP with benefit-related information. The agency is responsible for notifying MCHCP of any employment changes or terminations that would change or delete a human resource/payroll representative's access to eMCHCP.

Section 1 – Representative Information

☐ Add ☐ Change ☐ Delete

Name (Last, First, Middle Initial):

MCHCPid (Provide **either** MCHCPid or Social Security Number)

Title:

_____ - _____
or Social Security Number:

Department/Agency Name:

_____ - _____
Agency Organization Number:

Work Address:

Work Phone Number:

City:

State:

ZIP Code:

(_____) _____ - _____
Work Fax Number:

Work Email:

(_____) _____ - _____

Attach list or list Agency/Organizations responsibilities below:

Signature:

Date (MM/DD/YYYY):

____/____/____

Section 2 – FOR ACCESS REQUESTS ONLY

The employee listed above has authority to access confidential employee information on MCHCP's eMCHCP website. I hereby authorize MCHCP to provide access to this human resource/payroll representative.

Department Authorized Representative:

Signature of Department Authorized Representative:

Date (MM/DD/YYYY):

____/____/____