



PremierView

MEMBER ELECTRONIC USER ACCESS FORM

User Access Form

Organization Name (please print): _____

Your Full Name : _____

Your Telephone Number: _____ Ext. _____

Your Email Address: _____

Personal Security Code: Should you ever forget your password, we will confirm your identity by using the following question and answer. Please answer one of the questions below. For your protection, the answer should only be known to you. The only stipulation is that the answer must be a *single word*.

PLEASE SELECT 1 (ONE) QUESTION ONLY

We will send you a confidential mailer once we have assigned your username

- 1. What is your mother's maiden name? Answer: _____
- 2. What is your pet's name? Answer: _____
- 3. What is your favorite color? Answer: _____
- 4. What is your father's middle name? Answer: _____

Signature: _____ Date: _____

*** PLEASE FAX COMPLETED FORM TO: 207-761-0873 ***