

Instructions:

Please complete all fields in this form and email to CCCTeam@ccm-ct.org. CIRMA will send you an email with your username, temporary password, and claim reporting instructions. If you have any questions, please call 203-946-3777.

First Name: _____ Last Name: _____

Title: _____

Email: _____ Work Phone Number: _____

CIRMA Member Name: _____

CIRMA ClaimCentral Reporting Access

Please indicate below which type of access you are requesting (check all that apply):

- General Government Board of Education Local Public Agency
 Workers' Compensation Liability-Auto-Property

Please indicate if you are requesting access to the following (check all that apply):

- View claims in *CIRMA ClaimCentral* (manager's signature required)
 Report claims in *CIRMA ClaimCentral* (manager's signature not required)

User's Signature: _____ Date: _____

User acknowledges receipt of a revocable license for the express purpose of accessing specified claim information within the CIRMA claim system. CIRMA's claim information and/or work product is privileged and confidential. User is prohibited from copying, sharing or disseminating this information without the express written authorization of CIRMA. User is prohibited from sharing or disseminating login information to any other party due to the confidential and privileged information and/or work product contained in the CIRMA claim system.

Manager's Name: _____ Date: _____

Please print

Title: _____ Work Phone Number: _____

Email: _____

Authorized Signature: _____

By signing above, the individual certifies that he/she is duly authorized by their Municipality, Board of Education, Local Public Agency, or Entity to designate individuals who can serve as a *CIRMA ClaimCentral* user.

