



**Instructions:**

Please complete all fields in this form and email to [CCCTeam@ccm-ct.org](mailto: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 your 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)

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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 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.

