





**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 Director Name:**

**Signature of Department Director:**

**Date (MM/DD/YYYY):**