State Of
Louisiana
OFFICE OF
RISK MANAGEMENT

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REQUEST FOR LOGIN to viaOne

Purpose and Directions - *Complete this form if you are an <u>Office of Risk Management</u> employee authorized to access claims within the viaOne system. Transmit this completed form to* **ORM-HELP@LA.gov** *or fax it to 225-342-8473 for initial processing. Once your request is authenticated by the ORM IT Unit, you login name and initial password will be emailed to you within 2 business days. You do not need to sign this form.*

Today's Date	
First Name	
Last Name	
Email Address	
Job Title	
Work Phone	
Fax (if any)	
Work Address	
City + Zip	

Your Agency/DIV/DEPT name: <u>DOA-Office of Risk Management,</u> State ID Code: 0455

Requested by: _____   ?   **Approved by:** _____

(ORM Administator signature / Date)   (Only designated ORM I.T. signatures are acceptable)/Date

Check if you also need access to enter claims.