TRISTAR℠
BENEFIT ADMINISTRATORS

Registration Form

User Information

_____
UserID (used to login)

_____
User Password (used to login)

_____
First Name

_____
Last Name

_____ _____
Phone   Fax

_____
Email

Group / Billing Information

_____
Group Name (DBA)

_____ _____
Remittance Address   Suite / Bldg

_____ _____ _____
City   State   Zip Code

Challenge Questions (for password reset)

Question 1:

_____

Response 1:

_____

Question 2:

_____

Response 2:

_____

Please complete all fields and submit via email to William.Wilhite@tristargroup.net
Please allow 10 – 12 business days for processing.

Questions and concerns, please contact WellHealth Network Relations at (702) 728 5880