Virginia Department for the Aging
National Performance Report and Medigap Enforcement System
Administrator Security Access Agreement

As an "Administrator" user of the National Performance Report and Medigap Enforcement System (NPRMES) developed by the Virginia Department for the Aging (VDA), I understand and agree to abide by the following terms and conditions that govern my access and use.

As an "Administrator", I have the privilege and responsibility to establish "Standard" users and the additional ability to export a copy of all data entered for this Contractor. The "Administrator" will disable Standard users promptly from the NPRMES system when the employee or the volunteer no longer needs access. When a contractor's "Administrator" is terminated, VDA must be notified immediately so that their user logon ID can be disabled.

I will not share nor disclose user logon ID or password. User logon IDs will be at least 6 characters in length and can be a maximum of 17 characters. I agree to change passwords immediately if they are compromised for any reason. I will not incorporate passwords into any signon software making logon convenient but unsecure. Password lengths will be a minimum 6 characters with at least one special character (~!@#$%^&*()_+) in positions 2 thru 5 and a maximum 17 characters. I will enforce these rules when issuing user logon IDs and passwords for the contractor's standard users of this system.

The information collected by this system is classified as private secure data. I will not disclose any confidential or private data to unauthorized persons. I will abide by all applicable Federal, Commonwealth of Virginia and VDA policies which relate to the security of this system and the data within.

By signing this form, I understand and agree to the terms and conditions. I further acknowledge that any infraction may result in, but not limited to termination of privileges.

Contractor Name: _____

Administrators Name:_____
(Last) (First) (Middle Initial)

Administrators Email:_____

Administrators Phone: ( )_____

Administrators Signature: _____ Date: _____

AAA Director Signature: _____ Date: _____

This form should be faxed to (804) 662-9354, attention Leonard Eshmont

Revised 04/04/2006