



Online Enrollment Application & Change Form

Use the Online Enrollment tool to view or make changes to eligibility records at DeltaDentalWA.com/employer.

Register for Full Access to receive invoices exclusively online. Paper invoices will no longer be mailed.

Please complete the information below:

Group Number _____ Group Name _____

Phone Number _____ Group Address* _____

TPA Address (if applicable): _____

*Billing contacts must use their billing address.

Online Enrollment Access Type (select only one):

Full Access: Manage all Enrollments, Terminations & Changes to eligibility records exclusively with Online Enrollment Tool.

View Access: View purposes only. All Enrollments, Terminations & Changes made via enrollment forms or electronic files.

ADD A NEW USER OR CHANGE A CURRENT USER'S PRIVILEGES

User Type	Name	Email	Access to All Subgroups?	Which Subgroups Does User Have Access To?
Group Physical Contact			Yes	
Group Billing Contact			Yes	
Contact Additional			Yes	
Contact Additional			Yes	
TPA Contact and TPA Company Name			Yes	
Broker Contact and Broker Company Name			Yes	

TERMINATE A CURRENT USER'S PRIVILEGES

Name	Email	Continue to Keep as a Company Contact?
		<p>Yes</p> <p>No</p>

* Online enrollment is provided via a secured website.

* Delta Dental of Washington allows authorized users access to this site for identified purposes only.

* Accounts will be established, and initial passwords assigned, by Delta Dental of Washington for each user.

* Initial access must be made within 30 days or the password will be terminated.

* Each user should change this initial password during his or her first session.

* Users may also change passwords at any time following initial set up.

* In the event the password no longer provides access, send an email to onlineapplications@deltadentalwa.com for assistance.

In consideration of Delta Dental of Washington's grant of access to Online Enrollment, the group, acting through the undersigned authorized representative, warrants that:

1. The user(s) listed in this application agree to submit all census information *solely* via the Online Enrollment application – including renewal or open enrollment information. Delta Dental of Washington has the right to rely on electronically submitted enrollment information to the same extent, and in the same way, as it would if the information were submitted by other means.
2. The users identified in this application are authorized to submit enrollment information and view eligibility reports.
3. The group will take reasonable and prudent measures to prevent unauthorized access to the website by someone acting or purporting to act on the group's behalf. This includes all required steps needed to comply with the HIPAA privacy and security regulations. (See <http://www.hhs.gov/ocr/hipaa/>)
4. A group may have multiple authorized users, but each user **MUST** have his or her own account (identifying login and password). The group agrees not to allow "shared" accounts.
5. Delta Dental of Washington may avail itself of any remedy under the law or the group contract, including cancellation of the group contract, if any user who is authorized to act on the group's behalf accesses Online Enrollment for any purpose other than specified herein.
6. Either the group or Delta Dental of Washington may revoke any user's access to Online Enrollment at any time with or without cause. The revoking entity will promptly notify the other of the revocation by email, fax, or mail.
7. The group will notify Delta Dental immediately of any staff turnover, so that user permissions can be terminated promptly.

Authorized Signature _____ Date _____

Printed Name _____

Title _____

Please email your completed application to onlineapplications@deltadentalwa.com or fax at (206) 985-4783.