

Online Enrollment Master Application

Washington Dental Service offers the ability to submit enrollment and most census changes in “real time” through the Washington Dental Service secured Web site.

Group and Benefit Administrator Information

List name and e-mail address for each person in your group who should be able to access online enrollment. One person must be designated as the lead benefit administrator.

Group Name _____
 Group Number _____
 Phone Number _____

Benefit Administrator	Name	Email	Group Level Access (Includes all subgroups)	If specific subgroups, then list them
Lead Benefit Administrator			Yes ___ No ___	
Additional Benefit Administrator			Yes ___ No ___	
Additional Benefit Administrator			Yes ___ No ___	
Broker or TPA Name & Firm (If a broker will be using the application, fill out this area and the additional information below.)			Yes ___ No ___	

*** Remember to notify WDS if any changes occur in user privileges.**

Complete the following if you wish to authorize your broker to access online enrollment.

Broker Name _____
 Broker License Number _____
 Broker Cross Reference Number (WDS Use Only) _____
 Phone Number _____

Online enrollment is provided via a secured Web site. Washington Dental Service allows authorized users access to this site for these identified purposes only — to submit accurate, timely and complete enrollment information, and to review available reports.

Accounts will be established, and initial passwords assigned, by Washington Dental Service for each benefit administrator (“user”). Each user should change this initial password during his or her first session. Users may also change passwords at any time. If a user forgets his or her password, call Washington Dental Service at 1-888-286-9105.

In consideration of Washington Dental Service's grant of access to the Web site, the group, acting through the undersigned representative, warrants that:

1. The users identified in this application are authorized to submit enrollment information and view eligibility reports.
2. Washington Dental Service 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.
3. **The user(s) in this application agree to submit all census information solely via the Online Enrollment application – including renewal, or open enrollment information.**
4. The user(s) named in this application agree that the current census provided by WDS for review is correct, and that all necessary changes have been made, prior to receiving access to the Online Enrollment application.
5. The group will take reasonable and prudent measures to prevent unauthorized access to the Web site 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/>)
6. A group may have multiple authorized users, but each user MUST have his or her own account (identifying login and password). Group agrees not to allow "shared" accounts and to take any necessary steps to prevent unauthorized use of accounts.
7. The above-named users will be allowed to access only the above-specified groups and subgroups.
8. Washington Dental Service 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 the Web site for any purpose other than specified herein.
9. **The user(s) identified in this application agree to remit payment in the exact amount for which they are invoiced, and within the allowed time period given for payment. Consistent failure to "pay-as-billed" or remitting payment outside the allowed time period may result in the removal of the users' access to WDS Online Enrollment.**
10. Either the group or Washington Dental Service may revoke any user's access to the Web site at any time with or without cause. The revoking entity will promptly notify the other of the revocation by e-mail, fax, or mail.

Authorized Signature _____ Date _____

Printed Name _____

Title _____