

Online Enrollment Master Application View Access Only*

Washington Dental Service offers the ability to view enrollment in "real time" through the Washington Dental Service secured Web site. This means that the information you see on our Web site reflects current eligibility in our system. Please note that eligibility changes submitted to Washington Dental Service via an enrollment form or electronic data file will not be reflected until they have been processed. Typically, this takes three to five business days.

**This application form will only grant users "View" capabilities within our Online Enrollment tool. If you are interested in managing your eligibility with Washington Dental Service exclusively via our Online Enrollment tool (rather than submitting enrollment forms or electronic files), please contact us at (800) 403-6101 or at SalesInfo@deltadentalwa.com to obtain the proper application form.*

Group Number _____ **Group Name** _____
Phone Number _____

List the 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. **You will be responsible for notifying Washington Dental Service immediately should any of the individuals named below no longer have access to Online Enrollment for your group.**

User Type	Name	Email	Group Level Access (Includes all subgroups)	If specific subgroups, please list them
Lead Benefit Administrator			Yes ___ No___	
Additional Benefit Administrator			Yes ___ No___	
Additional Benefit Administrator			Yes ___ No___	

Online enrollment is provided via a secured Web site. Washington Dental Service allows authorized users access to this site for the purpose of viewing enrollment information only. Accounts will be established, and initial passwords assigned, by Washington Dental Service for each user. Each user should change this initial password during his or her first session. Users may also change passwords at any time.

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 view enrollment information.
2. 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/>)
3. 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.
4. The above-named users will be allowed to access only the above-specified groups and subgroups.
5. 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.
6. 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.
7. The group will notify WDS immediately of any staff turnover, so that user permissions can be terminated.

Authorized Signature _____ Date _____
 Printed Name _____
 Title _____

Please fax your completed application to Washington Dental Service at (206) 985-4783.