

Online Enrollment User Changes

Washington Dental Service offers the ability to view and/or submit enrollment and most census changes 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 complete the information below to change existing user permissions.

Group Number _____ **Group Name** _____

Phone Number _____

Online Enrollment Access Type (select only one):

_____ **Full Access** – Group exclusively manages eligibility via the Online Enrollment tool.

_____ **View Access** – Group submits eligibility via enrollment forms or electronic files, the Online Enrollment tool is used only for purposes of viewing eligibility information.

List the name and e-mail address for each person noted below. **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.**

NEW USER PRIVILEGES

User Type	Name	Email	Group Level Access (Includes all subgroups)	If specific subgroups, please list them
Additional Benefit Administrator			Yes ___ No ___	
TPA – user name & company name			Yes ___ No ___	
Broker – user name & company name <i>(also fill out the additional information below)</i>			Yes ___ No ___	

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

Broker Name _____ Phone Number _____

Broker License Number _____

Broker Cross Reference Number *(WDS Use Only)* _____

CHANGE USER PRIVILEGES

User Type	Name	Email	Group Level Access (Includes all subgroups)	If specific subgroups, please list them
Benefit Administrator			Yes ___ No ___	
TPA – user name & company name			Yes ___ No ___	
Broker – user name & company name <i>(also fill out the additional information above)</i>			Yes ___ No ___	

TERMINATE USER PRIVILEGES

User Type	Name	Email	Group Level Access (Includes all subgroups)	If specific subgroups, please list them
Benefit Administrator			Yes ___ No ___	
TPA – user name & company name			Yes ___ No ___	
Broker – user name & company name			Yes ___ No ___	

Online enrollment is provided via a secured Web site. Washington Dental Service allows authorized users access to this site for identified purposes 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 (View Access) or to submit enrollment information and view eligibility reports (Full Access).
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 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/>)
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. The above-named users will be allowed to access only the above-specified groups and subgroups.
6. 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.
7. 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.
8. 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.