DELTA DENTAL
Washington Dental Service
Washington Dental Service is a member of the Delta Dental Plans Association

PO Box 75983
Seattle, WA 98175-0983
(800) 403-6101

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. This means that the information you see on our Web site reflects current eligibility in our system.

**This application form will grant users full access to our Online Enrollment tool. Your group will then be responsible for exclusively managing your eligibility with Washington Dental Service via our Online Enrollment tool (rather than submitting enrollment forms or electronic files). If you are interested in continuing to submit your eligibility to Washington Dental Service with enrollment forms or electronic files and you would like "View Only" access to our Online Enrollment tool, please contact us at SalesInfo@DeltaDentalWA.com or (800) 403-6101 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**___	
TPA – user name & company name			**Yes** ___ **No**___	
Broker – user name & company name *(also fill out the additional information below)*			**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)* _____

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 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 user(s) in this application agree to submit all census information *solely* via the Online Enrollment application – including renewal or open enrollment information.
2. The users identified in this application are authorized to submit enrollment information and view eligibility reports.
3. 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.
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). The group agrees not to allow "shared" 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 the WDS Online Enrollment tool.
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.
11. 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.