



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

Online Enrollment Application & Change Form

Delta Dental of Washington offers the ability to view and/or submit enrollment and most census changes in “real time” through the Delta Dental of Washington secured website. This means that the information you see on our website reflects current eligibility in our system.

Please complete the information below to update permissions:

Group Number(s) _____ **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 and the Online Enrollment tool is used only for the purpose of viewing eligibility information.

List the name and e-mail address for each person noted below. **You will be responsible for notifying Delta Dental of Washington 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 Group Level Access is "No" please list Subgroups below
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TPA Contact and TPA Company Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broker Contact and Broker House Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHANGE USER PRIVILEGES

User Type	Name	Email	Group Level Access (Includes all Subgroups)	If Group Level Access is "No" please list Subgroups below
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TPA Contact and TPA Company Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broker Contact and Broker House Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TERMINATE USER PRIVILEGES

User Type	Name	Email	Group Level Access (Includes all Subgroups)	If Group Level Access is "No" please list Subgroups below
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Additional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TPA Contact and TPA Company Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broker Contact and Broker House Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Each user should change this initial password during his or her first session. Users may also change passwords at any time. Initial access must be made within 30 days or the password will be terminated. In the event the password no longer provides access please contact your GA rep at (800) 403-6101. They will reset the password and walk you through registration.

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