

Welcome to the Online Enrollment Tool

Use this guide to walk you through different features of the tool.

Need Help? Call the Group Administration Team at (800) 403-6101.

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APPLY FOR ACCESS:

- Complete the Online Enrollment Application.
- Email it to onlineapplications@deltadentalwa.com or fax to: (206) 985-4783.

NOTE: The application should be signed by the current contract owner or authorized executive.

DELTA DENTAL Delta Dental of Washington PO Box 75983 | Seattle, WA 98175-0983 (800) 403-6101

Online Enrollment Application & Change Form

Use the Online Enrollment tool to view or make changes to eligibility records at DeltaDentalWA.com/employer. Register for Full Access to receive invoices exclusively online. Paper invoices will no longer be mailed.

Please complete the information below:

Group Number _____ Group Name _____
 Phone Number _____ Group Address* _____
 TPA Address (if applicable): _____

*Billing contacts must use their billing address.

Online Enrollment Access Type (select only one):

Full Access: Manage all Enrollments, Terminations & Changes to eligibility records exclusively with Online Enrollment Tool.
 View Access: View purposes only. All Enrollments, Terminations & Changes made via enrollment forms or electronic files.

ADD A NEW USER OR CHANGE A CURRENT USER'S PRIVILEGES

User Type	Name	Email	Access to All Subgroups?	Which Subgroups Does User Have Access To?
Group Physical Contact			<input type="checkbox"/> Yes	
Group Billing Contact			<input type="checkbox"/> Yes	
Contact Additional			<input type="checkbox"/> Yes	
Contact Additional			<input type="checkbox"/> Yes	

SET UP VALIDATION:

Once your account is set up, we'll send you two emails:

- Email #1 shows your assigned username
- Email #2 gives you a temporary password in a secure email

NOTE: Your secure email password is separate from the password you'll use to access the Online Enrollment tool.

To: _____
 Cc: _____
 Subject: Your User Name for the Delta Dental of Washington Online Enrollment tool

Your user name is: Enter user name

You will receive a separate email within the next business day with instructions for retrieving your password. Once you have retrieved your password, you can access Online Enrollment via the following link: <https://www.deltadentalwa.com/Guest/Public/SignIn.aspx>

For your convenience, an Online Enrollment User guide is also available via the following link: [Online Enrollment Guide](#)

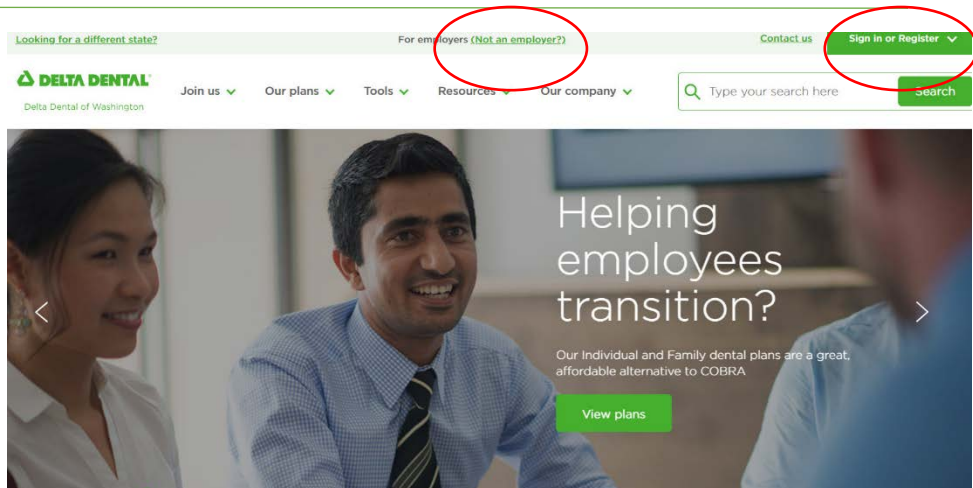
To: _____
 Cc: _____
 Subject: SECURE: Retrieve Your Password for the Delta Dental of Washington Online Enrollment tool

Your temporary password

You can access the Online Enrollment application via the following link: <https://www.deltadentalwa.com/Guest/Public/SignIn.aspx>

SIGN IN:

- From Delta Dental of Washington Homepage, select Employer button
- Click Sign in or Register
- Sign in with your assigned username and temporary password
- Accept Terms & Conditions



CHANGE YOUR PASSWORD:

- Enter your permanent password
- Enter security question & answer
- Click Submit



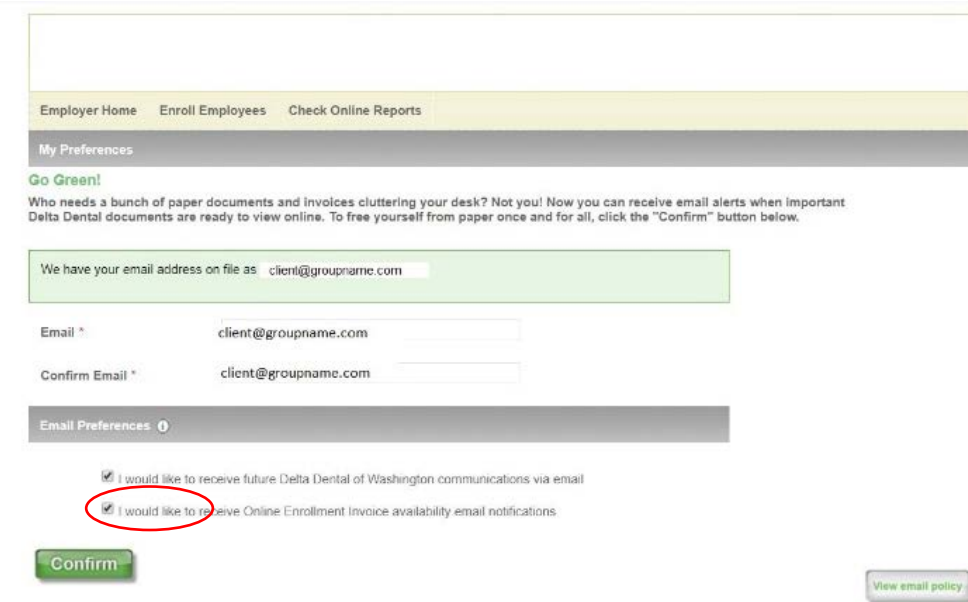
MANAGE YOUR EMAIL COMMUNICATIONS:

- Click Email & communications
- Click the second box
- Click Confirm

IMPORTANT: This allows us to send you an email notification every month when your invoice is ready to be viewed.

Once your online account is validated, no further paper invoices are mailed to you.

Your invoices are available the 15th of every month.



FIND CURRENT OR FORMER SUBSCRIBERS OR DEPENDENTS:

- Click Enroll Employees tab
- Enter employee first and last name OR member ID
- Click Search

NOTE: You can also use the side tiles to navigate to any feature.

This screenshot shows the 'Find a subscriber' form in the 'Enroll Employees' section. The 'Group name or number' field is a dropdown menu currently set to 'GroupABC - 00000'. The 'Subgroup' field is an open text box with the placeholder 'Type Subgroup name or number'. Below are input fields for 'Subscriber First Name', 'Subscriber Last Name', and 'Member ID'. A 'Search' button is at the bottom. To the right are three side tiles: 'Add subscribers', 'View Reports', and 'Get Invoices'.

NOTE: If your group has 15+ subgroups, enter the subgroup number in the open field

This screenshot is identical to the previous one, but the 'Subgroup' field is now an open text box containing the text 'Type Subgroup name or number'. The 'Group name or number' dropdown remains 'GroupABC - 00000'.

If your group has less than 15 subgroups, choose from the drop down menu.

This screenshot shows the 'Find a subscriber' form where the 'Subgroup' field is a dropdown menu set to 'Select Sub-Group'. The 'Group name or number' dropdown is 'GroupDEF - 00001'. The rest of the form and side tiles are the same as in the previous screenshots.

ADD SUBSCRIBERS:

- Click Enroll Employee
- Click Add Subscribers
- Select your group name and, if applicable, the subgroup number from dropdown boxes
- Update all necessary fields. Required fields are marked with an *
- Enter subscriber email address
- Click Submit

Note: Emails entered will not override the subscribers' existing MySmile registration email address.

The screenshot shows the 'Add a subscriber' form with the following fields and sections:

- Group/Subgroup:** Group name or number * (dropdown), Subgroup * (dropdown)
- Personal Information:** Social Security Number * (text), Confirm SSN * (text), First Name * (text), Middle Name (text), Last Name * (text), Suffix (dropdown), Date of Birth * (text, format mmd/yyyy), Gender * (radio buttons: Male, Female, Unknown), Address 1 * (text), Address 2 (text), City * (text), State/Province * (dropdown, set to Washington), Postal/Zip Code * (text), Country * (dropdown, set to United States), Home Phone (text), Email (text)
- Dental Coverage Information:** Individual Effective Date * (text, set to 07/01/2018, format mmd/yyyy), Coverage Level * (dropdown)

Buttons: Submit, Cancel. Note: Required fields are indicated with an asterisk (*).

IF YOU RECEIVE THIS INFORMATION MESSAGE:

- Click Continue to complete the dependent enrollment form
- Click Cancel to change the coverage level for this subscriber

The information message reads: "The coverage level you have selected includes dependents. Select 'Continue' to complete the dependent enrollment form on the next page. To change the coverage level select 'Cancel'." Buttons: Continue, Cancel.

EDIT SUBSCRIBER

- Find the Subscriber
- Click Edit Subscriber Details
- Update all necessary fields
- Click Submit

Subscriber Information i

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#) [Change Subgroup](#) [Change Coverage Level](#) [Terminate Coverage](#) [Reinstate Subscriber](#) [Print ID Card](#) [Email ID Card](#) [Change Effective Date](#)

Date of Birth: 01/01/1978	Group Name: GroupABC	Original Effective Date: 07/01/2015
Address: 123 Main Street	Group Number: 00000	Termination Date: 12/31/9999
Address 2:	Subgroup Name: SubGroupDEF	Coverage Level: FAM
City: SEATTLE	Subgroup Number: 00000-11111	Coverage Level Effective Date: 07/01/2015
State: WA	Email: subscriber@groupname.com	Last Modified: 07/01/2015
Country: USA		
Zip: 98101		
Phone: 0000000000		

Covered Dependents i

[Add Dependent](#) [Edit Dependent](#) [Terminate Dependent](#) [Reinstate Dependent](#) [Change Effective Date](#)

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

Note: Contact your Group Administration representative for help in editing the SSN field.

Edit details for Subscriber MOLLY MOLAR #123456789

Personal Information

First Name *

Middle Name

Last Name *

Suffix

Date of Birth *

mmdyyyy

Gender * Male Female Unknown

Social Security Number - -

Address 1 *

Address 2

City *

State/Province *

Postal/Zip Code *

Country *

Home Phone

Email

Required fields are indicated with an asterisk (*).

ADD DEPENDENT

- Find the Subscriber
- Click Add Dependent
- Update all necessary fields
- Click Submit

Subscriber Information i

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#) [Change Subgroup](#) [Change Coverage Level](#) [Terminate Coverage](#) [Reinstate Subscriber](#) [Print ID Card](#) [Email ID Card](#) [Change Effective Date](#)

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level:	FAM
City:	SEATTLE	Subgroup Number:	00000-11111	Coverage Level Effective Date:	07/01/2015
State:	WA	Email:	subscriber@groupname.com	Last Modified:	07/01/2015
Country:	USA				
Zip:	98101				
Phone:	0000000000				

Covered Dependents i

[Add Dependent](#) [Edit Dependent](#) [Terminate Dependent](#) [Reinstate Dependent](#) [Change Effective Date](#)

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
<input type="radio"/> Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input type="radio"/> Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input type="radio"/> Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

Add Dependent Information i

For Subscriber: **MOLLY MOLAR #123456789** Coverage Level: **FAM** Effective Date: **07/01/2015**

Personal Information

First Name *

Middle Name

Last Name *

Suffix

Date of Birth *

Gender * Male Female Unknown

Use subscriber address

Address 1

Address 2

City

State/Province

Postal/Zip Code

Country

Home Phone

Dental Coverage Information

Relation to Subscriber *

Dependent Effective Date *

mmd/yyyy

Required fields are indicated with an asterisk (*).

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TERMINATE SUBSCRIBER

- Find the Subscriber
- Click Terminate Coverage
- Enter the termination date in the Subscriber Termination Date box
- Click Submit

Subscriber Information

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#)
[Change Subgroup](#)
[Change Coverage Level](#)
[Terminate Coverage](#)
[Reinstate Subscriber](#)
[Print ID Card](#)
[Email ID Card](#)
[Change Effective Date](#)

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level:	FAM
City:	SEATTLE	Subgroup Number:	00000-11111	Coverage Level Effective Date:	07/01/2015
State:	WA	Subgroup Number:		Last Modified:	07/01/2015
Country:	USA	Email:	subscriber@groupname.com		
Zip:	98101				
Phone:	0000000000				

Covered Dependents

[Add Dependent](#)
[Edit Dependent](#)
[Terminate Dependent](#)
[Reinstate Dependent](#)
[Change Effective Date](#)

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A


NOTE: Terminating an employee will automatically terminate all dependents

Terminate Coverage

For Subscriber: **MOLLY MOLAR #123456789**

Please check the details of the coverage

Subscriber Effective Date: **07/01/2015**

Subscriber Termination Date:* 

mmddyyyy

Required fields are indicated with an asterisk (*).

TERMINATE DEPENDENT

- Find the Subscriber
- Click Edit Subscriber/Dependents
- Click on radio button beside the chosen dependent
- Click Terminate Dependent
- Enter termination date in the Individual Term Date field
- Click Submit

Subscriber Information

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#)
[Change Subgroup](#)
[Change Coverage Level](#)
[Terminate Coverage](#)
[Reinstate Subscriber](#)
[Print ID Card](#)
[Email ID Card](#)
[Change Effective Date](#)

Date of Birth: 01/01/1978	Group Name: GroupABC	Original Effective Date: 07/01/2015
Address: 123 Main Street	Group Number: 00000	Termination Date: 12/31/9999
Address 2:	Group Number:	Coverage Level: FAM
City: SEATTLE	Subgroup Name: SubGroupDEF	Coverage Level Effective Date: 07/01/2015
State: WA	Subgroup Name:	Last Modified: 07/01/2015
Country: USA	Subgroup Number: 00000-11111	
Zip: 98101	Subgroup Number:	
Phone: 0000000000	Email: subscriber@groupname.com	

Covered Dependents

[Add Dependent](#)
[Edit Dependent](#)
[Terminate Dependent](#)
[Reinstate Dependent](#)
[Change Effective Date](#)

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
<input type="radio"/> Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input type="radio"/> Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input checked="" type="radio"/> Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

NOTE: You will receive an error message if the dependent(s) termination date does not match the coverage level or effective date of the subscriber.

Terminate Coverage

For Dependent of: MOLLY MOLAR #123456789

Please check the details of the dependent you have selected to terminate.

Dependent: JOHN MOLAR
Relation: Dependent
Individual Term Date:*

mmddyyyy

Required fields are indicated with an asterisk (*).

REINSTATE DEPENDENT

- Find the Subscriber
- Click Edit Subscribers/Dependents
- Click on the radio button beside the chosen dependent
- Click Reinstatement
- Enter the Dependent Effective Date
- Click Submit

Note: The effective date is a required field and may not be prior to the dependent's new effective date.

Subscriber Information

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#) | [Change Subgroup](#) | [Change Coverage Level](#) | [Terminate Coverage](#) | [Reinstatement](#) | [Print ID Card](#) | [Email ID Card](#) | [Change Effective Date](#)

Date of Birth: 01/01/1978	Group Name: GroupABC	Original Effective Date: 07/01/2015
Address: 123 Main Street	Group Number: 00000	Termination Date: 12/31/9999
Address 2:	Subgroup Name: SubGroupDEF	Coverage Level: FAM
City: SEATTLE	Subgroup Number: 00000-11111	Coverage Level Effective Date: 07/01/2015
State: WA	Email: subscriber@groupname.com	Last Modified: 07/01/2015
Country: USA		
Zip: 98101		
Phone: 0000000000		

Covered Dependents

[Add Dependent](#) | [Edit Dependent](#) | [Terminate Dependent](#) | [Reinstatement](#) | [Change Effective Date](#)

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
<input type="radio"/> Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input type="radio"/> Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
<input checked="" type="radio"/> Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

CHANGE COVERAGE LEVEL

- Find the Subscriber
- Click Change Coverage Level
- Select new coverage level from the dropdown box
- Enter the effective date
- Click Submit

NOTE: The system automatically terminates the subscriber's previous coverage level as of the day prior to the new effective date

[Employer Home](#) | [Enroll Employees](#) | [Check Online Reports](#)

[Add Subscribers](#) | [Edit Subscribers/Dependents](#) | [View Invoice](#) | [View Enrollment Reports](#)

Change Coverage Level

For Subscriber: **MOLLY MOLAR - #123456789**

Please edit the details of the coverage level. If no edits are required, hit Cancel.

From Coverage Level: FAM - Employee + Spouse/DP, Child(ren)

To Coverage Level:*

Effective Date of Coverage Level Change: * 07/01/2018

mmyy/yy

Required fields are indicated with an asterisk (*).

CHANGE SUBGROUP

- Find the Subscriber
- Click Change Subgroup
- Select Subgroup from the dropdown box
- Select Coverage Level from the dropdown box
- Enter the effective date
- Click Submit

NOTE: The system will automatically terminate the subscriber from the previous subgroup, effective the day prior to the date entered

VIEW ENROLLMENT REPORTS

- Click View Enrollment Reports
- Choose your group name or number and, if applicable, the subgroup
- Click the radio button to select report type
- Select report date
- Click Submit
- Your report can be exported to Excel or PDF

NOTE: The report displays only eligible subscribers during the time period you've selected.

Click Show all to view all members, active and inactive, during the selected time period.

Members of Delta Dental of Washington!

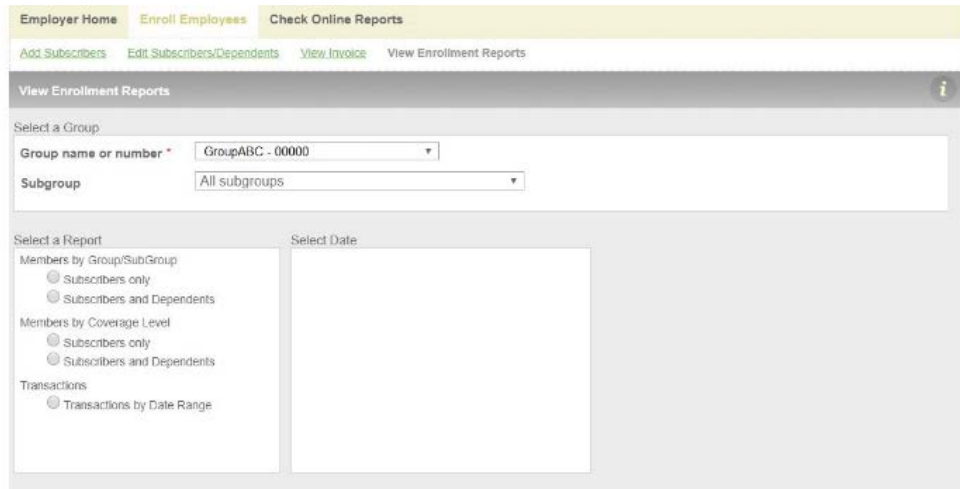
Include terminated members

06/19/2018 09:55:56 AM << < Page 1 of 22 >> > Show All Export To Excel

Member ID	Member Last name	Member First Name	Relationship	Effective Date	Termination Date	Gender	Subgroup Number	Subgroup Name
123456788	ADAM	SMITH	Subscriber	08/01/2010	12/31/9999	M	00000 - 11122	GroupABC
123456777	JONES	ANTHONY	Subscriber	01/01/2018	12/31/9999	M	00000 - 11122	GroupABC
123456744	JOHNSON	KAREN	Subscriber	01/01/2015	12/31/9999	F	00000 - 11122	GroupABC

VIEW INVOICE

- Click View Invoice
- Select your group name or number and subgroup (if applicable) from the drop down boxes
- Select the Invoice Date from the dropdown box
- Click View Invoice
- Download your invoice by clicking Export to Excel/PDF



NOTE:

Group level invoices show group & subgroup information.

Subgroup level invoices show only subgroup information.

You have access to invoices for the past 24 months .

TIP: If you get an error message stating: “No invoice reprints available”, just clear the subgroup drop down box to continue

PRINT OR EMAIL ID CARDS

(FOR INDIVIDUAL MEMBERS)

- Find the Subscriber
- Click Print ID Card or Email ID Card

You can print the card from a PDF file or email it directly to an Inbox.

Subscriber Information

View Details for Subscriber MOLLY MOLAR #123456789

[Find another Subscriber](#)

[Edit Subscriber Details](#)
[Change Subgroup](#)
[Change Coverage Level](#)
[Terminate Coverage](#)
[Reinstate Subscriber](#)
[Print ID Card](#)
[Email ID Card](#)
[Change Effective Date](#)

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level:	FAM
City:	SEATTLE	Subgroup Number:	00000-11111	Coverage Level Effective Date:	07/01/2015
State:	WA	Subgroup Name:		Last Modified:	07/01/2015
Country:	USA	Subgroup Number:			
Zip:	98101	Email:	subscriber@groupname.com		
Phone:	0000000000				

Covered Dependents

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

PRINT OR EMAIL ID CARDS

(FOR ENTIRE GROUP)

- From Delta Dental of Washington Homepage, select Employer button
- Click Print ID cards
- Login to your account
- Select your group
- Select or enter the subgroup

You can print the cards from a PDF file or email them to an Inbox.

Employer tools



Print ID cards

Fill out your information to create and print ID cards for your employees



Find a dentist

Help your employees find their favorite in-network dentist based the criteria that matters most

PrintEmail ID Card

Select a Group

Group name or number *

Subgroup *

Print ID Card
Email ID Card

Questions on online enrollment eligibility and billing?

Contact your Delta Dental of Washington Group Administration Representative at (800) 403-6101.

DeltaDentalWA.com

Western Washington
 400 Fairview Ave North, Suite 800
 Seattle, WA 98109
 (206) 522-1300 | (800) 367-4104
GroupSales@DeltaDentalWA.com

Eastern Washington
 611 N Iron Bridge Way, Suite 200
 Spokane, WA 99202
 (509) 535-1080 | (800) 564-8832
Spokane@DeltaDentalWA.com