DELTA DENTAL®

Website and E-Billing Authorization Form
Small Groups (under 100)

Purpose: This form allows a Plan Sponsor to: (1) open Website Accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to bills and (2), request that Delta Dental of Colorado (DDCO) send bills via e-mail.

Plan Sponsor Requesting Authorization	
Group Name:	Group Number:
Address:	
Telephone:	E-mail Address:

Fill out one form for each employee requiring access. Provide user name, e-mail, and phone number for the individual and identify the access authorized for that individual by checking the box next to the service. Please also supply a key word in the event a password is forgotten (applicable only for those requiring a password).

❑ Add User ❑ Terminate User

User Name:	E-mail:
	Phone Number:
Keyword (choose one) Last 4 digits of SSN _____ Pet Name_____ Mother's Maiden Name_____	

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access the checked websites below and perform the functions associated with each website on the group's behalf and hearby authorizes DDCO to open a website account for the individual set forth above (access requires password).

❑ Receive bills via e-mail

❑ Submit, modify and view enrollment data

❑ View Only - bills

❑ View Only - enrollment data (cannot make updates or changes)

AUTHORIZATION AND CONDITIONS FOR PRIVILEGES GRANTED

In consideration for the privileges set forth in this Website Account and E-Billing Authorization form, the group, acting through its Group Administrator hereby agrees to the following conditions:

1. DDCO may rely on electronically submitted enrollment data to the same extent as if submitted by non-electronic means;
2. Group will undertake reasonable measures to safeguard account information, including user name and password, and to prevent unauthorized access to the website by someone acting or purporting to act on the group's behalf;
3. All requests to close the Website Account, or stop the receipt of bills via e-mail must be submitted via **e-mail to employerconnect@ddpco.com, or faxed to 303.741.4233.** DDCO shall have three business days (excluding holidays) to process such requests;
4. Group shall be solely responsible for any liability arising from the use of the Website Account or receipt of bill via e-mail and shall indemnify, hold harmless and defend DDCO against any claim arising from the Authorized User's use of the Website Account, practice of sending bills via e-mail or the groups failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; and
5. The individual signing this application form has the authority to permit the requested access and bind the group to the terms and conditions set forth above.

Group Administrator Signature: _____ **Date:** _____

Signature **Printed Name**