

Purpose: This form allows a Plan Sponsor to: open Website Accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to group activity reports, eligibility reports and bills; and Access to certain reports may be contingent upon the type of Protected Health Information (PHI) disclosed and whether the group is experience-rated. Please note that contract arrangements in which Delta Dental of Colorado (DDCO) assumes financial risk are referred to as experience-rated groups; whereas groups in which DDCO only provides administrative services are referred to as self-funded group.

Plan Sponsor Requesting Authorization
Group Name:
Group Number: <small>*If specific sub and sub-sub account access is needed, please specify the numbers. If only the top account number is provided, access to all sub and sub-sub accounts will be granted</small>

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.

Add User Terminate User

Full Name:	Telephone:
Email:	

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

Role	View/Modify	Account Type
Eligibility and Reporting	View	Fully Insured
Eligibility, Bills, and Reporting	Modify	Self-Funded
Reports Only (view only)	(Modify access is not available for electronically filed groups)	Small Group Pool <small>(Patient Freedom, BETA, Kaiser Small Group, Small Group Direct & COPIC)</small>
Eligibility and Bills (Small Group Pool)		

Reports include:

- **Management Reports:** Current reports available include summary level data about the performance of your dental plan, such as number of claims paid, premiums paid, enrollment by month, network utilization and cost containment savings.
- **Eligibility Error Report** (only for electronically filed groups)
- **Eligibility Recap Report (self-funded groups only):** The Eligibility Recap Report provides a monthly recap of subscribers and dependents that are eligible for insurance under the group dental plan.
- **Group Activity Reports (self-funded groups only):** Provides a monthly summary of claims history that includes detailed subscriber level information.

Claims-Level Access to Facilitate Client-Managed Customer Service (self-funded groups only): Provides individual member benefits and claims information to employee or other designee of self-funded group for use in group-administered customer service functions.

AUTHORIZATION AND CONDITIONS FOR PRIVILEGES GRANTED.

In consideration for the privileges set forth in this Website Authorization form, the group, acting through it, 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 (adds, changes, terms) need to be submitted via e-mail to Group_Admin@ddpco.com or faxed to 303-741-9160. 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 and shall indemnify, hold harmless, and defend DDCO against any claim arising from the authorized user's use of the website account or the group's 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.

Authorized Representative Signature:

Name:

Date: