

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. 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:
Address:	
Telephone:	Email Address:

Fill out one form for each employee requiring access. Provide employee name, email, 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 keyword in the event a password is forgotten (applicable only for those requiring a password).

Add User Terminate User

Full Name:		
Telephone:	Email Address:	
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 options 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.

Enrollment	View Invoices	Enrollment Access to Pay Bills
Full Access (adds, changes, terms)	Yes	Yes (incl. remittance page or ACH info.)
View Only (for electronic filers)	No	No

- Receive electronic error (EE) reports
- Allow broker/consultant access to management reports
- 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.
- View Eligibility Recap Report (self-funded groups only): The Eligibility Recap Report provides a monthly recap of subscribers and dependents who are eligible for insurance under the group dental plan.
- View Group Activity Reports Level One (self-funded groups only): Provides a monthly summary of claims history that includes detailed subscriber level information.
- View Group Activity Reports Level Two (self-funded groups only): Provides a monthly summary of claims history without subscriber information.

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 authorization requests (adds, changes, terms) need to be submitted via email to group_admin@ddpco.com or faxed to 303-741-9160;
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:** _____