DELTA DENTAL®

Employer Toolkit Authorization Request

Use the Delta Dental Employer Toolkit to manage your Delta Dental benefits anytime, anywhere. Add new employees, change coverage, print ID cards, view bills, and even pay premiums all in one convenient, online, secure place.

BUSINESS INFORMATION		
Business Name:		

If your business requires separate locations/groups for benefits, indicate which will need to be accessed from the Employer Toolkit:	☐ All locations/groups ☐ Specific locations/groups:_____ _____

Please provide the name and email address for each person requiring access to the Employer Toolkit. For each person, also check which level of access needed for Eligibility Maintenance and/or Online Billing service. If no access is needed for either service, leave all boxes unchecked.

AUTHORIZED USER'S INFORMATION	ELIGIBILITY MAINTENANCE		ONLINE BILLING		
	View only	View and update	View only	View & adjust	View, adjust & finalize
1. Name: Email:					
2. Name: Email:					
3. Name: Email:					
4. Name: Email:					
5. Name: Email:					

On behalf of _____, and with the authority to act on behalf of this business, I understand and consent to the following:

1. The business's monthly bill will be posted electronically to the Delta Dental Employer Toolkit. It is the business's responsibility to retrieve the bill from this online toolkit.

2. The only bill the business will receive will be the bill posted electronically to the Delta Dental Employer Toolkit.

3. The business is responsible for paying the bill no later than the 1st day of every month.

4. The business must inform Delta Dental of any changes to its authorized users and associated email addresses so Delta Dental can send the business notices regarding its bills. The business is still responsible for timely payment of its bill, regardless of such notices.

TERMS AND CONDITIONS OF USE

Delta Dental of Arkansas (Delta Dental) permits Groups to open website accounts for authorized individuals for purposes of submitting timely, accurate and complete Group enrollment data to Delta Dental on the Group's behalf. The Group, acting through its undersigned representative, certified that the users identified in this authorization are authorized to submit enrollment data to Delta Dental on the Group's behalf, and, in consideration for Delta Dental's granting access via this website account, agrees to the following conditions: (1) Delta Dental may rely on this electronically submitted enrollment data to the same extent as if submitted by non-electronic means; (2) the Group will undertake reasonable measures to safeguard account information, including usernames and passwords, 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 must be submitted in writing to Delta Dental via fax to (501) 992-1899, Delta Dental shall have three business days (excluding holidays) to close the website account; (4) the Group shall be solely responsible for any liability arising from the use of the website account and shall indemnify, hold harmless and defend Delta Dental against any claim arising from the Authorized User's use of the website account of 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 a uthorization has the authority to permit the requested access and bind the Group the terms and conditions set forth above.

Business Executive Name (print):

Title:

_____   _____
Signature   Date

Once completed, please fax the form to your Delta Dental Account Manager. Once your request is processed, each authorized user will receive two emails. The first with their username, and the second with their password. When your Delta Dental bill is ready, an email notification will be sent stating your bill is available for viewing. If you have any questions regarding your bill, please contact your Billing Auditor for assistance.