



Employer and Broker Online Portal Access Authorization Form

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 / Group Client Name:	Group Number:
If your business requires separate locations/ subgroups for benefits, indicate which will need to be accessed from the Employer Toolkit: <input type="checkbox"/> All locations / Subgroups <input type="checkbox"/> Specific locations/Subgroups: _____ _____ _____	
Please provide the name and email address for each individual who requires access to the online portal. For each user, indicate the appropriate access level and whether they are associated with the Employer or a Broker.	
AUTHORIZED USER(S) INFORMATION	TOOLKIT ACCESS OPTIONS:
Contact Name:	Employer User <input type="checkbox"/> Broker User <input type="checkbox"/>
Email:	User Access Level: Bills: View & Pay <input type="checkbox"/>
Cell Phone:	Broker Existing User ID:
	Online Enrollment: View Only <input type="checkbox"/> View & Edit <input type="checkbox"/>
Contact Name:	Employer User <input type="checkbox"/> Broker User <input type="checkbox"/>
Email:	User Access Level: Bills: View & Pay <input type="checkbox"/>
Cell Phone:	Broker Existing User ID:
	Online Enrollment: View Only <input type="checkbox"/> View & Edit <input type="checkbox"/>
Contact Name:	Employer User <input type="checkbox"/> Broker User <input type="checkbox"/>
Email:	User Access Level: Bills: View & Pay <input type="checkbox"/>
Cell Phone:	Existing User ID:
	Online Enrollment: View Only <input type="checkbox"/> View & Edit <input type="checkbox"/>
Contact Name:	Employer User <input type="checkbox"/> Broker User <input type="checkbox"/>
Email:	User Access Level: Bills: View & Pay <input type="checkbox"/>
Cell Phone:	Existing User ID:
	Online Enrollment: View Only <input type="checkbox"/> View & Edit <input type="checkbox"/>
Contact Name:	Employer User <input type="checkbox"/> Broker User <input type="checkbox"/>
Email:	User Access Level: Bills: View & Pay <input type="checkbox"/>
Cell Phone:	Existing User ID:
	Online Enrollment: View Only <input type="checkbox"/> View & Edit <input type="checkbox"/>

BILLING DELIVERY PREFERENCE

To be completed by the *Business Owner/Executive*

Please select **one** option below. *We do not allow both options.*

Online billing

Monthly premium bills will be available online through the Employer Portal for authorized users who select the *View & Pay Bills* option. The business is responsible for keeping authorized user information and email addresses up to date so Delta Dental can send billing notifications. Timely payment of the bill remains the business's responsibility, regardless of whether notifications are received.

Mailed billing (Opt out of online billing)

I would like to opt out of online billing and receive monthly premium bills by USPS mail.

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 email at **araccountmgmt@deltadental.com**, 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 authorization has the authority to permit the requested access and bind the Group the terms and conditions set forth above.

Business Owner/Executive Name (print):

Title:

Signature

Date

Once completed, please email the form to the Delta Dental Account Management Support Team at **araccountmgmt@deltadental.com**. Please allow **3-5 business days** for processing.

After your request has been processed, each authorized user will receive **two emails**:

- The first email will include a link to the registration page.
- The second email will contain a temporary passcode.

When your Delta Dental bill is ready, you will receive an email notification indicating that the bill is available for viewing. If you have any questions regarding your bill, please contact the Delta Dental Billing Team at **501-992-1602** for assistance.