DELTA DENTAL® DeltaVision®

REQUEST FOR ACCESS TO ONLINE EMPLOYER PORTAL
(BROKERS, CONSULTANTS and OTHER THIRD PARTIES)

GROUP NAME: _____

ACCESS FOR ☐ **DENTAL** [☐ Full Update Access ☐ View Only]
Group Number _____
Sublocations: ☐ All ☐ Other (list below)
_____
_____

☐ **VISION** [☐ Full Update Access ☐ View Only]
Group Number _____
Sublocations: ☐ All ☐ Other (list below)
_____
_____

(If only specific sublocations are needed, please list them individually in the "Other" section above.)

BROKER/CONSULTANT INFORMATION

NOTE: Separate accounts will be created for the Dental and Vision Employer Portals. Only Authorized Key User, listed below, will have the ability to grant employees of Company, including temporary employees and contracted staff, herein referred to as "Workforce," access to the Employer Portal(s) for Group's benefit plans specified above. Authorized Key User and other Workforce members granted access will collectively be referred to as "Authorized Individuals." It will be the responsibility of Authorized Key User to manage user access for Company including any additions, terminations or modifications.

COMPANY (AGENCY) NAME: _____

AUTHORIZED KEY USER'S NAME: _____ PHONE: _____

AUTHORIZED KEY USER'S BUSINESS EMAIL ADDRESS: _____
(Username and password will be emailed to this address)

Delta Dental of Missouri ("DDMO") permits Group to allow a third party contracted to perform services on Group's behalf ("Company") to open Employer Portal user accounts for Authorized Individuals, for the purpose of submitting enrollment data to DDMO on Group's behalf and to access certain other Group benefit plan data. Company, acting through its undersigned authorized representative, (a) certifies that, subject to Group's approval, Authorized Individuals are authorized to submit data to DDMO on Group's behalf for the benefit plans specified above; (b) accepts and agrees to comply with DDMO's Terms and Conditions of Use, available for review online at https://www.deltadentalmo.com/; and (c) agrees to the following conditions: (1) DDMO may rely on all electronically submitted data to the same extent as if submitted by non-electronic means; (2) Company shall ensure that Authorized Individuals safeguard account information to access the Employer Portal(s), including username and password, do not share or disclose user name and password to any party and shall immediately notify DDMO in writing if the confidentiality or security of such account information is compromised; (3) Authorized Key User shall ensure that all Authorized Individuals are members of Company's Workforce and shall immediately terminate access for any Authorized Individual who leaves Company's Workforce or otherwise no longer requires access; (4) Company shall ensure its Authorized Individuals safeguard and hold in confidence all information accessed via the Employer Portal(s), and only access, use or disclose any information as permitted by law, including HIPAA; (5) Company shall be solely responsible for any liability arising from the use of the Employer Portal(s) and shall indemnify, hold harmless and defend DDMO against any claim arising from any Authorized Individual's use of the Employer Portal(s) or Company's or any Authorized Individual's failure to safeguard the confidentiality and security of account information or any information available via the Employer Portal, including, but not limited to, any errors, omissions or violations of any laws. Upon termination of the applicable agreement between DDMO and Group, any and all access to the Employer Portal shall be immediately terminated. **The individual signing this form on behalf of the Company represents and warrants that they have the authority to bind Company to (i) DDMO's Terms and Conditions of Use and (ii) the terms and conditions set forth above.**

Company (Agency) Representative: _____ Title: _____

Signature: _____ Date: _____

Group certifies that it is the "Plan Sponsor" for the group health plan which includes dental and/or vision benefits. Group approves Company to access Group's information as set forth above, and agrees that DDMO shall have no liability to Group for any claim arising out of any Authorized Individual's use of the Employer Portal(s). Group acknowledges it has a Business Associate Agreement in place with Company to permit Company to access Group's information that is available on the Employer Portal(s). **The individual signing below on behalf of the Group represents and warrants that they have the authority to permit the requested access and bind the Group to the terms and conditions of this paragraph.**

Group Administrator: _____ Phone: _____

Group Administrator's Signature: _____ Date: _____

Once completed, please email to your group accounts representative or GAService@deltadentalmo.com