



REQUEST FOR ACCESS TO ONLINE EMPLOYER PORTAL

GROUP NAME: _____

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

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

KEY USER 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 Group, including temporary employees and contracted staff, herein referred to as "Workforce," access to the Employer Portal(s) for the 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 Group including any additions, terminations or modifications. If access is needed for a broker, consultant, TPA or other third party please contact your group accounts representative.

AUTHORIZED KEY USER'S NAME: _____

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

AUTHORIZED KEY USER'S WORK PHONE NUMBER: _____

Delta Dental of Missouri ("DDMO") permits Authorized Individuals to open Employer Portal user accounts to submit enrollment data on Group's behalf and to access certain other Group benefit plan data. Group, acting through its undersigned authorized representative, (a) certifies that the 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) Group 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 or 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 Group's Workforce and shall immediately terminate access for any Authorized Individual who leaves Group's Workforce or otherwise no longer requires access; (4) Authorized Key User will not grant access to anyone not a part of Group's Workforce and will instead require that any third party performing services on Group's behalf requiring access to the Employer Portal request access directly through DDMO; (5) Group 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; (6) Group 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 Group'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 represents and warrants that they have the authority to permit the requested access and bind Group to (i) DDMO's Terms and Conditions of Use and (ii) the terms and conditions set forth above.**

Group Administrator: _____ Phone: _____

Group Administrator's Signature: _____ Date: _____

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