

Website & E-Billing Authorization Form for Small Groups

Delta Dental of Virginia, 4818 Starkey Road, Roanoke, VA 24018 • 540.989.8000 • 888.335.8216 • Fax: 540.774.7574

This form allows a plan sponsor to: (1) Open website accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to bills; and (2) Request that Delta Dental of Virginia (DDVA) send bills via email. The plan sponsor requesting access should submit the signed and completed form to DDVA via mail or fax at the address or fax number above. The completed form can also be scanned and emailed to mktgadmin@deltadentalva.com.

Plan Sponsor Requesting Authorization	
Group Name:	Group Number:
Address:	
Telephone: ()	Email Address:

Fill out one form for each individual requesting access. Provide the user name, email and phone number for the individual, and identify the access requested by checking the box next to the service. Please supply a keyword in the event a password is forgotten (applicable only for those services requiring a password).
Form number _____ of _____ total forms for group

First and Last Name of User:	Email Address:
	Telephone: ()
Keyword: (choose one) Last 4 digits of SSN _____ Pet's name _____ Mother's maiden name _____	

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access the checked websites below and perform the functions associated with each website on the group's behalf and hereby authorizes DDVA to open a website account for the individual above (access requires password).

Receive bills via email (if checked, paper bills will be discontinued)

Submit, modify and view enrollment data and print subscriber ID cards

View bills

AUTHORIZATION AND CONDITIONS FOR PRIVILEGES GRANTED

In consideration for the privileges set forth in this Website and E-Billing Authorization Form, the group, acting through its group administrator, hereby agrees to the following conditions:

- (1) DDVA 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 username and password, 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 or stop the receipt of bills via email must be submitted to DDVA via email at mktgadmin@deltadentalva.com or fax to 540-774-7574. DDVA shall have three business days (excluding holidays) to process such requests;
- (4) Group shall be solely responsible for any liability arising from the use of the website account or receipt of bills via email and shall indemnify, hold harmless and defend DDVA against any claim arising from the authorized user's use of the website account, practice of sending bills via email 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.

Group Administrator Signature: _____ Date: _____

Group Administrator Name (please print): _____