

Website Authorization Form For Pool-Rated Groups

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. The plan sponsor requesting access should submit the signed and completed form to Delta Dental of Virginia (DDVA) via mail or fax to the fax number at the bottom of the page. The completed form can also be scanned and emailed to mktgadmin@deltadentalva.com.

Plan Sponsor Requesting Authorization

Group Name	Group/Sublocation Number
Address	
Phone ()	Email

Complete one form for each individual requesting access, including name, email and phone number. If the individual is a broker/agent, please provide the user name created for logging into the DDVA Broker website. Please supply a security question and answer in the event a password is forgotten.

Form number _____ of _____ total forms for group

First and last name of user	Email address
	Phone ()
Security question	Security answer

If access is being requested for a broker/agent, enter the broker's DDVA broker login user name here

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

- Submit, modify and view enrollment data and print subscriber ID cards**
- Access monthly bill (bills will no longer be sent via mail)**

Authorization and Conditions for Privileges Granted

In consideration for the privileges set forth in this Website Account 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. Further, it is the Group's responsibility to inform and educate any authorized representative of his/her obligations under state or federal privacy and security laws; (3) All requests to close the Website Account 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 and shall indemnify, hold harmless and defend DDVA against any claim arising from the Authorized User's use of the Website Account, 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) _____