○ NEW ACCOUNT ○ EXISTING ACCOUNT UPDATE

Benefit Manager Toolkit® Registration Form

Because Benefit Manager Toolkit contains sensitive information, we carefully control access to it. As a result, you must complete this form for each person who needs an account. You may list several people on this form. Indicate the type of access required for each person listed. Note: Paper billing details are no longer included with your invoice. Billing details are only available via Benefit Manager Toolkit to individuals who have the appropriate access indicated on this form.

Section 1: Client Information

CHECK: ○ INDIANA ○ MICHIGAN ○ NORTH CAROLINA ○ OHIO	CLIENT NAME
CLIENT NUMBER	SUBCLIENT NUMBERS

Section 2: User Information

USER ID (REQUIRED FOR EXISTING GROUPS ONLY)		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	UPDATE AND VIEW ELIGIBILITY	○	○
TITLE	E-MAIL ADDRESS	VIEW ELIGIBILITY ONLY	○	○
		CLIENT KNOWLEDGE*	○	○
		BILLING DETAILS	○	○

USER ID (REQUIRED FOR EXISTING GROUPS ONLY)		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	UPDATE AND VIEW ELIGIBILITY	○	○
TITLE	E-MAIL ADDRESS	VIEW ELIGIBILITY ONLY	○	○
		CLIENT KNOWLEDGE*	○	○
		BILLING DETAILS	○	○

USER ID (REQUIRED FOR EXISTING GROUPS ONLY)		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	UPDATE AND VIEW ELIGIBILITY	○	○
TITLE	E-MAIL ADDRESS	VIEW ELIGIBILITY ONLY	○	○
		CLIENT KNOWLEDGE*	○	○
		BILLING DETAILS	○	○

USER ID (REQUIRED FOR EXISTING GROUPS ONLY)		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	UPDATE AND VIEW ELIGIBILITY	○	○
TITLE	E-MAIL ADDRESS	VIEW ELIGIBILITY ONLY	○	○
		CLIENT KNOWLEDGE*	○	○
		BILLING DETAILS	○	○

* **Client Knowledge** may not be available to your group.

FOR NEW ACCOUNT REQUESTS ONLY

Section 3: Agency Information

AGENTS ONLY

AGENCY NAME	NAME OF AGENT REGISTERED WITH DELTA DENTAL	AGENCY TAX IDENTIFICATION NUMBER
PHONE NUMBER	BEST TIME TO REACH YOU	E-MAIL ADDRESS

Section 4: Third Party Administrator Information

THIRD PARTY ADMINISTRATORS ONLY

You must sign a Vendor Authorization Agreement before access can be provided. Contact your Account Manager to obtain one if needed.

TPA COMPANY NAME	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX	E-MAIL ADDRESS		

FOR NEW ACCOUNT REQUESTS ONLY

Section 5: Authorization

PRINTED NAME	TITLE	
PHONE NUMBER	BEST TIME TO REACH YOU	E-MAIL ADDRESS

I certify that the people listed above require access to the Benefit Manager Toolkit as indicated.

_____

AUTHORIZED SIGNATURE DATE

We will contact users directly via encrypted e-mail with their user ID and password once we receive confirmation from the person authorizing access. **We will only give the user this information directly.**

MAIL/FAX FORM TO: Delta Dental, Attn: Group Administration, P.O. Box 30416, Lansing, MI 48909-9987
1-517-347-5135 (FAX) • 1-866-356-0301 (Toolkit Support)