

Dental Online Enrollment User Request Form

Please review the attached Obligations and Termination provisions. Submit one request for each individual who will have access to Online Enrollment. Complete the Company Information and User Information sections. Save the document using your company name. Email the form to connect@anthemdentaladmin.com or you may also fax the form to 1-877-604-2124. The User will be sent their Username and Password in an encrypted email.

Company Information	
Date:	Main Company Contact Name:
Company Name / Group Number:	Main Company Contact Email:
	Main Company Contact Telephone Number:
User Information (Person using the secured portion of the website.)	
User Name and Job Title:	Select Option(s) Being Requested: <input type="checkbox"/> Online Enrollment Inquiry Only – List Group and Subgroup Number(s) below* that User is authorized to view. <input type="checkbox"/> Online Enrollment Add/Change – List Group and Subgroup Number(s) below* that User is authorized to add/change. *Required for Online Enrollment Group Number(s) Subgroup Number(s)
User Telephone Number:	
User Email Address:	
Group Administrator Authorization	
Signature:	Date:
I authorize access to Online Enrollment records to the individual listed in the User Information section.	
Security Information To be completed by Anthem Dental Marketing Representative or Account Manager	
Incomplete Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Number:
Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marketing Approval Initials and Date:
User Password Information - To be completed by Enrollment Department	
Username:	Applications: <input type="checkbox"/> Online Enrollment Inquiry Only <input type="checkbox"/> Online Enrollment Add/Change
Password:	
Completed By:	Date:
Notes:	

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OBLIGATIONS:

Recipient Party acknowledges the confidential nature of Enrollment Information and agrees that it shall:

- (a) not disclose Enrollment Information to any employees of Recipient Party who do not have a reasonable need for such information in order to accomplish the permitted use;
- (b) instruct all employees who have access to Enrollment Information of the necessity to maintain the confidentiality of such information and to comply with applicable confidentiality policies;
- (c) maintain reasonable and customary procedures to ensure compliance with the terms of this Agreement.

In addition, Recipient Party agrees to comply with such security measures requested by Anthem Blue Cross and Blue Shield including but not limited to requirements that individuals accessing Enrollment Information utilize an identification username and password in doing so.

TERMINATION:

This Agreement shall continue in effect until terminated. Either party may terminate this Agreement at any time by giving written notice thereof to the other party at the address set forth above. Termination shall become effective within 30 days following receipt of the notice or any later date stated in the notice.

The Recipient party's assumes all responsibility of changes to security and any potential impact due to failure to notify Anthem Blue Cross and Blue Shield in a timely manner.

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