



# DELTA DENTAL OF KANSAS TECHNOLOGY UPGRADE

*Learn more* at DeltaDentalKS.com/Upgrade

# ONLINE BROKER ACCOUNT USER GUIDE

DeltaDentalKS.com/Upgrade



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**Dashboard Overview** Online Broker Account User Guide

### Navigating the Dashboard

Our new layout provides easier navigation throughout your new online Broker Account. Right from the navigation bar you are able to start a small group quote, view active group information, access forms, and more!

۵	DELTA DENTAL'		
	Dashboard	Commissions	w∋ Welcome Broker ▼
2	Quickly access <b>tips and</b> <b>resources</b> on how to navigate your broker account.		<ul> <li>Welcome to your new Broker Account! For tips and resources on navigating your account, click here.</li> <li>Please use the following link for purchasing individual dental insurance. This unique link can be sent to potential customers and will link all enrolliments to you. CLICK HERE.</li> </ul>
3	If you sell individual dental insurance, you can access your <b>unique broker link</b> .		No groups found.
4	Easily start a new small group quote under <b>New Client Quote</b> right from the Dashboard.		NAICS OR SIC*
			BUILD CLIENT QUOTE

### Dashboard Overview



Watch this video to learn how to navigate the new online Broker Account Dashboard.



Looking up a Group Online Broker Account User Guide

### 🔀 How to Look Up a Group



In the **Clients tab**, you will be able to view your **active and inactive groups** under **Groups List**.

S DELTA DENTAL			
Dashboard Quotes Clients	Forms		🥨 Welcome Broker 🕤
	Group List <u>Active Groups</u> inactive Groups <u>BEARCH</u> <u>Company ABC</u> <u>Wichita</u> Company ABC <u>Topeka</u> Company ABC <u>Lawrence</u>	oups	

2

You can **Search** for a group in the search bar.

You can also filter by **Group** Name, Status, and Location.





### 🖈 How to Review Commission Statements

In the **Commissions tab**, you are able to filter by all reports or by year. Click **Download** to find the reports you want to view.

Dashboard	Quotes	Clients	Forms	Commissions I	<u>~</u>	B Welcome Brol
				N		
FIL	TER BY YEAR					
( _ <u>AI</u>	<u> </u>	• 				-
	ATE .	REPORT				
* 20		Download	1			
A	pril	Download				
	pril	Download				

2

The Producer Commission Statement will be downloaded as a PDF.

C DELTA DENTAL Delta Durdal of Kornas Notal Se 2026		4/02/200	00.01 00.02 00.01	10.00 10.00	0.00 0.00 0.00 0.00	ad on 04/02/2024					
Company Name 1234 Test Rd. Wichita, KS 67206	550 550 550 550 550 550 550 550 550 550	Printed on RCOMFIRS	100.00 5.50	100.00 5.50	100.00 5.50 100.00 5.50 5.50	Printer Printer	100.00	100.00	100.00	100.00 <b>100.00</b>	
		tion.	100.00 100.00 00.00	100.00 <b>100.00</b>	100.00 100.00 <b>100.00</b>	antation	100.00	100.00	100.00	100.00 <b>100.00</b>	
	00000 00000 00000 00000 00000 00000 0000	- Mail	100.00 100.00 100.00	100.00 <b>100.00</b>	100.00 100.00 100.00 00.00		100.00	100.00	100.00	100.00	
		and	Feb 2024 Feb 2024	Feb 2024	Feb 2024 Feb 2024 Feb 2024	commission payments	10	10	10	5 <b>2</b>	
		Commission statements are processed separately from comm TNs will result in a variance between the date of the payment	00000000000-000000000 0000000000-0000000	0000000000-000000000 Total Entries For this Group	000000000-00000000 000000000-00000000 000000	Commission statements are processed separately from commission payments.	Company ABC	Company ABC		Company ABC <b>Total:</b>	

# **Review Commissions** Online Broker Account User Guide

### How to Review Commission Statements

Within the Producer Commission 3 Statement, you can view the account number, subscriber name, billing month, invoice amount, premium received, and more!

		A DENTAL			Produ	cer Commis	sion S	tatement
1	Delta Dental 619 N. Water Phone 1-800-	front Parkway Wichita,	KS 67206		Bri	oker Tax ID: 0	0-0000	000
	Company 234 Test F							
١	Vichita, K	S 67206						
Account Name Account Numb	er	Subscriber Name	Billing Month	Invoice Amount	Premium Received	Commission Basis	Rate	Commission Amo
Company Al	BC							
		00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024 Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024 Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024 Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024 Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000000000000000000000000000000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		000000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000	0000-00	00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000	00000-00	00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000	00000-00	00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000	00000-00	00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
		00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
	0000-00	00000000	Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000								

4

At the end of the report, you can view the Producer Commission Summary that will list the **invoice** amount, premium received, and current commission.

∆ DELTA DENTAL			
Delta Dental of Kansas 1619 N. Waterfront Parkway Wichita, KS 67206 Phone 1-800-234-3375		Bro	er Tax ID: 00-0000000
Company Name 1234 Test Rd.			
Wichita, KS 67206			
Producer Commission Summary	Invoice Amount	Premium Received	Current Commission
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Total:	100.00	100.00	100.00

## Review Commissions Watch Video

Watch this video to view how to review your Producer Commission Statements on the new online Broker Account.

# **ONLINE QUOTING** Online Broker Account User Guide

Learn more on how to generate, edit and clone a quote.



## Generating a Quote Online Broker Account User Guide

### 🔀 How to Generate a Quote



In the Quotes tab, you will be able to create a quote or view your quote history.

ashboard	Guote I Clients Forms Commissions		) Welcome Br
	Create a Quote History		CANCEL
	New Client Quote		
	ACCOUNT NAME * ACCOUNT ZIP CODE*	0	
	DESIRED EFFECTIVE DATE:*		
	NAICS OR SIC* # OP ELIGIBLE EMPLOYEES*	0	
	# OF EMPLOYEES RESIDING OUTSIDE OF STATE*		
	TYPE OF PLAN*	•	
	EMPLOYEES ANTICIPATED TO ENROLL* CLIENT IS REPLACING OTHER DENTAL COVERAGE*	<b>.</b>	
	EMPLOYER WILL CONTRIBUTE TO THE COST OF EMPLOYEES DEN		

2

To start a quote, fill out the necessary fields and click **Select Plan Options**.

Dashboard	Quotes	Clients	Forms	Commi	ssions	WB	Welcome Brok
			Creat	e a Quote	Quote History		CANCEL
	New Cli	ent Quote	9				
	ACCOUNT NAME Example	•		0	ACCOUNT ZIP CODE* 67037	0	
	DESIRED EFFEC 06/01/2024	TIVE DATE:*		<b></b>			
	NAICS OR SIC" 315999			0	# OF ELIGIBLE EMPLOYEES* 25	0	
	# OF EMPLOYEE	S RESIDING OUTSID	E OF STATE*	0			
	TYPE OF PLAN* Small Group					*	
	EMPLOYEES ANT	FICIPATED TO ENRO		0	CLIENT IS REPLACING OTHER DENTAL COVERAGE*	-	
	EMPLOYER WILL	. CONTRIBUTE TO TH	IE COST OF EMPLOYE		0		
	SELECT CURREN Blue Cross/E	T CARRIER* Blue Shield of K	s	Ŧ			

# Generating a Quote

Online Broker Account User Guide

### 🖈 How to Generate a Quote

5 To create a new template plan option for future use, fill out all the necessary information for the plan and create a new configuration name for the template.

Click **Save**. You will be able to use this template for future quotes.

▲ Template Configuration: <u>No template selected</u>		
TEMPLATE CONFIGURATION No template selected	NEW CONFIGURATION NAME	
Save Configuration as Default	SAVE	
DIAGNOSTIC AND PREVENTIVE / TYPE I*	BASIC / TYPE II*	
100	90	
MAJOR / TYPE III*	WILL D&P COUNT TOWARDS MAXIMUM?*	
60	Yes	
COMPOSITE FILLINGS ON ALL TEETH?"	ENDODONTIC / PERIODONTIC*	
NOT COVERED	Type II - Basic	
FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?"	ORTHO BENEFITS / TYPE IV*	
Yes	No Ortho Benefits	
WAITING PERIOD / ORTHO BENEFITS*	ORTHO LIFETIME MAXIMUM*	
0 mo.	1000	
DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?*	DEDUCTIBLE*	
Yes	50	
ANNUAL MAXIMUM*	NUMBER OF TIERS*	
3000	2-Tier	
PRODUCT*		
PPO plus Premier		

6

Once you have filled out a template or filled out the information for the plan, click **Search Plans**.

Template Configuration: No template selected $  \hat{\phi}  _{\hat{V}}^{\hat{L}}$		
DIAGNOSTIC AND PREVENTIVE / TYPE I*	BASIC / TYPE II*	
00	90	*
MAJOR / TYPE III*	WILL D&P COUNT TOWARDS MAXIMUM?*	
50	No	*
COMPOSITE FILLINGS ON ALL TEETH?"	ENDODONTIC / PERIODONTIC*	
COVERED	Type II - Basic	
FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?"	ORTHO BENEFITS / TYPE IV*	
Yes 🔹	No Ortho Benefits	*
WAITING PERIOD / ORTHO BENEFITS*	ORTHO LIFETIME MAXIMUM*	
D mo.	1000	~
DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?"	DEDUCTIBLE*	
Yes	50	*
ANNUAL MAXIMUM*	NUMBER OF TIERS*	
3000	2-Tier	*
PRODUCT*		
PPO T		

# **Generating a Quote** Online Broker Account User Guide

### 🔀 How to Generate a Quote

Plan Options will populate based on the fields entered. When you find a plan you want to quote, click **Select Plan**.

8

Dental Plans				
	ANNUAL MA	XIMUM:	Per person, p	er calendar year
Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol	DEDUCTIBL	E:	Per Calendar three per fam	Year, per person, limited to ily
SELECT PLAN	1-YEAR RATE	s		
		EMP	LOYEE	
		EMP	LOYEE / SPO	DUSE
		EMP	LOYEE / CHI	LD
		EMP	LOYEE / CHI	LDREN
		FAM	ILY	
<ul> <li>See Plan Details</li> </ul>				
Endodontic / Periodontic: Type II - Basic Ortho Benefits / Type IV: No Ortho Benefits Will D&p Count Towards Maximum?: No Does The Client Have Ortho With Their Current Carrier?	: Yes	Product: F For Groups	Tiers: 2-Tier PO 10-200 Only -	Include Implants In Major?: Yes
Annual Maximum: 3000		Composite	Fillings On All I	eeth?: COVERED
	PPO	PREM	IIER	OON
DIAGNOSTIC AND PREVENTIVE CARE	100	10	0	100
BASIC DENTAL CARE	90	8	0	80
MAJOR DENTAL CARE	60	5	0	50
ORTHO DENTAL CARE				

The quote for the plan will appear where you can view plan details and rates. Click **Download** to view the quote in a PDF.

G	Quote for Example Alics code 315999 NUMBER OF ENROLLEES 20	DESIRED EFFECTIVE DJ 06/01/2024	🖉 Edit Quote	Clone
	Dental Plans			
	Quote 1 Deita Dental PPO <sup>™</sup> Plan 4 PPO 10-75 2-Tier Vol	ANNUAL MAXIMUM: DEDUCTIBLE:	Per person, per calendar year Per Calendar Year, per person, limited to three per family	
		EMF	PLOYEE PLOYEE / SPOUSE LOYEE / CHILD PLOYEE / CHILDREN ILY	
	✓ See Plan Details			
	On behalf of ex	amal broker : DOWNLOAD AS PDI		



# **Generating a Quote** Online Broker Account User Guide

### 🔀 How to Generate a Quote

9

After creating the quote, you will be able to find and review the quote in the **Quotes tab** under **Quote History**.

	Quotes	Clients	Forms	Commissions		Welcome Bro
		Cre	ate a Quote	Quote History		
SEARCH			٩	EFFECTIVE DATE FROM* 11/14/2023	EFFECTIVE DA 11/14/2024	
		1) 🔻				
Updated d	ate (descending	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Exam	ple			: 06/01/2024 05/14/2024	Quoted by	



Watch this video to view how to generate a quote on the new online Broker Account.



### 📘 How to Edit or Clone a Quote



In the **Quotes tab**, click **Quote History**. Click on the quote you would like to edit or clone.

DELTA DENTAL									
Dashboard	Quotes	ns Commiss	ions			v ໜ	Velcome Broker	•	
	New Client Quote	Create a Quote	Quote Histor	ry			CANCEL		
	ACCOUNT NAME *	0	ACCOUNT ZIP CO	DE*		0			
	DESIRED EFFECTIVE DATE:* 06/01/2024	<b></b>		△ DELTA DENTAL					
	NAICS OR SIC*	0	# OF ELIGIBLE	Dashboard	Quotes	Clients	Forms	Commissions	Welcome Br
	# OF EMPLOYEES RESIDING OUTSIDE OF STATE* O TYPE OF PLAN*	0				Cr	eate a Quote	Quote History	
	EMPLOYEES ANTICIPATED TO ENROLL*	0	CLIENT IS REP	SEARCH			Q	EFFECTIVE DATE FROM*	EFFECTIVE DATE TO*
	EMPLOYER WILL CONTRIBUTE TO THE COST OF I	SELECT PLAN		Updated Exam Zip: 67	date (descending 1ple 037	g) <u>*</u>		06/01/2024 05/14/2024	Guoted by doug@insresources.n et
								Items per page: 10 👻	1-1of1 < >
	edit the quote, c <b>t Quote</b> .	lick			NAICS CODE 315999 NUMBER OF ENROLI 20		DESIR	ed sprective date 01/2024	C Edit Quote D One
					Dental Pl Quote 1 Delta Dental I 10-75 2-Tier V	PPO™ Plan 4 PPO	DEDU	AL MAXIMUM: Per person, per calen CTIBLE: Per calendar Vear, per three per family R RATES EMPLOYEE EMPLOYEE / SPOUSE EMPLOYEE / CHILD EMPLOYEE / CHILDREN FAMILY	r person, limited to
					✓ See Plan D	Details			
						On	behalf of external b	roker : .OAD AS PDF	

## Edit or Clone a Quote Online Broker Account User Guide

### How to Edit or Clone a Quote

3

You will be able to edit your quote or search for a new plan option. You can also remove plans from the quote by clicking **Remove From Quote** at the bottom of the screen. Once you make your edits, click **Save Quote**. You can view your new quote with any changes saved.

			Template Plan Options	
New Client Quote	Create a Quote	Guote History	Сибиотта ию лекуемтик / туте !* 100 * Имале / туте !!* 60 *	BADIC / TYPE I* 90 * WILL DB# COURT TOWARDS HAVIMURI* No *
ACCOUNT NAME * Example	0	ACCOUNT ZIP CODE* 67037	COMPOSITE FILLINGS ON ALL TEETH?*  COVERED  FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?*	ENDODONTIC / PERIODONTIC*     Type II - Basic     ORTHO BENEFITS / TYPE IV*
DESIRED EFFECTIVE DATE:* 06/01/2024	<b>•</b>		Yes waiting period / ortho Benefits*	No Ortho Benefits
NAICS OR SIC* 315999	0	# OF ELIGIBLE EMPLOYEES* 25	0 mo. DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?" Yes	1000 v DEDUCTIBLE* 50 v
W OF EMPLOYEES RESIDING OUTSIDE OF STAT	E' (0)		ANNUAL MAXIMUM* 3000 * PRODUCT*	NUMBER OF TIERS"  2-Tier  V
Small Group Plans EMPLOYEES ANTICIPATED TO ENROLL* 20	0	CLIENT IS REPLACING OTHER DENTAL CO YES	SEARCH PLANS	-
EMPLOYER WILL CONTRIBUTE TO THE COST ON NO		0	Dental Plans	
ELECT CURRENT CARRIER* Blue Cross/Blue Shield of KS	*		ANNU	IAL MAXIMUM: Per person, per calendar year
	SELECT PL	AN OPTIONS	1 plan selected. Save as a quote? view	y all plans
			Dental Plans	
			Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol	remove from quote



You can view your new quote with any changes saved.

DESIRED EFFECTIVE D	TATE
DEDUCTIBLE:	Per Calendar Year, per person, limited to three per family
-YEAR RATES	
	IPLOYEE
	IPLOYEE / SPOUSE IPLOYEE / CHILD
	IPLOYEE / CHILDREN
	MILY
	-YEAR RATES EM EM EM

# Edit or Clone a Quote

Online Broker Account User Guide

# Begin How to Edit or Clone a Quote

E	
5	
	/

To clone a quote, click **Clone**.

Quote for Example		🖉 Edit Quote 「 Clone
NAICS CODE 315999	DESIRED EFFECTIVE DA	TE
NUMBER OF ENROLLEES		
Dental Plans		
Quote 1		Per person, per calendar year
Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol	DEDUCTIBLE:	Per person, per calendar year Per Calendar Year, per person, limited to three per family
	1-YEAR RATES	
		LOYEE
		LOYEE / SPOUSE LOYEE / CHILD
		LOYEE / CHILDREN
	FAM	ILY
✓ See Plan Details		
On behalf	of external broker :	
	DOWNLOAD AS PDF	
		-

6	
0	

A clone of the quote will be made and you can edit any part to apply to the new quote. Once you make all the necessary adjustments, click **Save Quote**. You will see your new quote to view and download as a PDF.

New Client Quote			
ACCOUNT NAME * Example (Clone)	0	ACCOUNT ZIP CODE* 67037	0
DESIRED EFFECTIVE DATE:* 06/01/2024			
NAICS OR SIC* 315999	0	# OF ELIGIBLE EMPLOYEES* 25	0
# OF EMPLOYEES RESIDING OUTSIDE OF STATE	6		
TYPE OF PLAN* Small Group Plans			
EMPLOYEES ANTICIPATED TO ENROLL* 20	6	CLIENT IS REPLACING OTHER DENTAL COVERAGE* YES	
EMPLOYER WILL CONTRIBUTE TO THE COST OF		D	
SELECT CURRENT CARRIER* Blue Cross/Blue Shield of KS	-		

## Edit or Clone a Quote Online Broker Account User Guide

How to Edit or Clone a Quote

6

Once you make all the necessary adjustments, click Save Quote.

c	reate a Quote	Quote History	Template Plan Options		
New Client Quote					
			DIAGNOSTIC AND PREVENTIVE / TYPE I*	BASIC / TYPE II*	
ACCOUNT NAME * Example (Clone)	0	ACCOUNT ZIP CODE* 67037	100	90	
Example (orone)			MAJOR / TYPE III*	WILL D&P COUNT TOWARDS MAXIMUM?*	
DESIRED EFFECTIVE DATE:*	<b></b>		60	NO	-
06/01/2024			COMPOSITE FILLINGS ON ALL TEETH?"	ENDODONTIC / PERIODONTIC*	
NAICS OR SIC*		# OF ELIGIBLE EMPLOYEES*	COVERED	Type II - Basic	
315999	0	25	FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?"	ORTHO BENEFITS / TYPE IV*	
			Yes WAITING PERIOD / ORTHO BENEPITS*	No Ortho Benefits ORTHO LIFETIME MAXIMUM*	
# OF EMPLOYEES RESIDING OUTSIDE OF STATE*	0		0 mo.	1000	-
<u> </u>			DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?"	DEDUCTIBLE*	
TYPE OF PLAN*			Yes	50	-
Small Group Plans			ANNUAL MAXIMUM'	NUMBER OF TIERS'	
EMPLOYEES ANTICIPATED TO ENROLL*		CLIENT IS REPLACING OTHER DENTAL COVERA			-
20	0	YES	PRODUCT*	2-1101	
			PPO		
EMPLOYER WILL CONTRIBUTE TO THE COST OF EMP NO		D	PPO		
NO		9			
SELECT CURRENT CARRIER*			SEARCH PLANS		
Blue Cross/Blue Shield of KS	*				
			Dental Plans		
			Dental Plans		
	SELECT DL	AN OPTIONS			
	SELECTIFIC	IN OPTIONS			
			ANNU/	AL MAXIMUM: Per person, per calendar year	
			1 plan selected. Save as a quote? view	all plans	SAVE QUOT
			Dental Plans		
			Delta Dental PPO <sup>™</sup> Plan 4 PPO 10-75 2-Tier Vol		remove from que



You will see your new quote to view and download as a PDF.

Quote for Example (Clor	ne)	🖉 Edit Quote 🕤 Clone
315999	06/01/2024	TE
NUMBER OF ENROLLEES		
Dental Plans		
Quote 1		Per person, per calendar vear
Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol	DEDUCTIBLE:	Per Calendar Year, per person, limited to three per family
	1-YEAR RATES	
		PLOYEE / SPOUSE
		LOYEE / CHILD
	EMP	LOYEE / CHILDREN
	FAM	IILY
▼ See Plan Details		
On behalf of	ertemal broker : DOWNLOAD AS PDP	

# Edit or Clone a Quote Online Broker Account User Guide

### B How to Edit or Clone a Quote

8

You can view the new quote in the **Quote tab** under **Quote History**.

ashboard	Quotes	Clients	Forms	Commissions		we Welcon	me Bro
			Create a Quot	e Quote History			
SE	ARCH			Q EFFECTIVE DATE FROM*	EFFECTIVE DATE TO		
				11/20/2023	11/20/2024		
_				11/20/2023	11/20/2024		
UF	pdated date (desc	cending) 👻		11/20/2023	11/20/2024		
	pdated date (desc Example (Clo Zip: 67037			11/20/2023	Guoted by		
	Example (Clo			11/20/2023	Quoted		
7	Example (Clo Zip: 67037 Example		Upd	11/20/2023	Quoted		
7	Example (Clo Zip: 67037		Upd	11/20/2023 ctive: 06/01/2024 lated: 05/20/2024 ctive: 06/01/2024 lated: 05/20/2024	Quoted by Quoted		



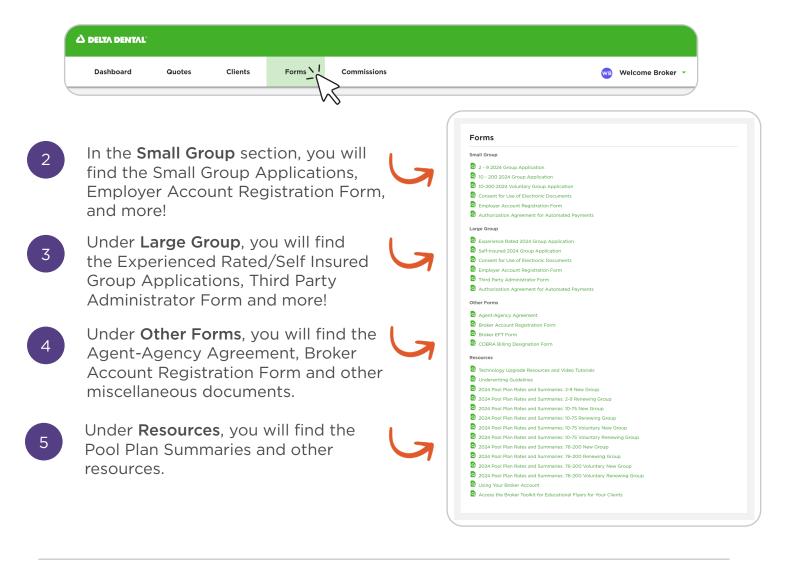
Watch this video to edit or clone a quote on the new online Broker Account.



# **Forms** Online Broker Account User Guide

### How to Access Forms

You can view helpful documents and forms in categories by selecting the **Forms Tab** in the navigation bar.





Watch this video to view forms and documents that will be available to you on the new online Broker Account.

### $\Delta$ delta dental<sup>\*</sup> **Update Account** Information Online Broker Account User Guide

## How to Update Your Account Information

You can edit your account information by clicking on your name and selecting Edit Account.

ک DELTA DENTAL					
Dashboard	Quotes	Clients	Forms	Commissions	Welcome Broker
					Edit Account

Quickly update your first name, last name, and/or email address under Edit Account.

3	Here you can also reset your password by clicking <b>Reset</b> <b>Password</b> .	Edit A	t Account			
			Personal Information	LAST NAME*		
		9	EMAIL ADDRESS* success@simulator.amazonses.com		- 1	
			UPDATE	RESET PASSWORD		

# Updating Account Information Watch Video

2

Watch this video to learn how to update your account information on the new online Broker Account.



**Upgrade Page** Online Broker Account User Guide

### 🔀 Visit our Technology Upgrade Webpage

#### **Upgrade** Page

Our new layout gives easier navigation throughout your new online Broker Account. Right from the navigation bar you are able to find a patient, view claims, view payments, access documents, and more!

#### Updates

View updates and all communications about our technology upgrade.

### Text Alerts

Receive notifications on the most up-to-date information on our technology upgrade, videos, educational resources all by signing up for text alerts.

### **Helpful Videos**

Access helpful videos that show you all functionalities and how to navigate your online broker account.

### **Educational Materials**

Access educational materials and a comprehesive user guide on how to navigate your online broker account.

Click here to visit our Technology Upgrade Page

# **Client Help Desk** Online Broker Account User Guide

# Contact Us

We're here to help! We are upgrading our technology to continue to provide best-inclass service to our customers. We're committed to keeping you informed throughout the process.

Contact your Account Representative or the Client Help Desk at upgrade@deltadentalks.com with any questions you have about your new online employer account.

# **CLIENT HELP DESK**

800-264-9462 Email – upgrade@deltadentalks.com

We look forward to serving you better!