



Employer Account for Benefit Managers

Choose One: Access Level - Available for Employers/Brokers

1 - [“View Only” Benefits & Eligibility / Print Temporary ID Cards](#)

You can have “view only” access to your group’s eligibility list, plan design benefits, and also print temporary ID cards for your Delta Dental plan through your Employer Account at DeltaDentalKS.com.

Note: If you send eligibility via electronic file, you must choose this option.

2 - [Online Enrollment \(OLE\)](#)

You can view and update your group’s eligibility, view plan design benefits and print temporary ID cards through your Employer Portal.

Enrollments, Terminations and Changes should be completed by the last business day of each month in order for changes to be reflected on the next month’s bill.

Online Billing

You may choose to have your monthly billing available electronically through your Employer Account at DeltaDentalKS.com. If you choose this option, you will receive a monthly email reminder when the bill is posted to our website. You can view and download the billing by logging in to your Employer Account.

Where to send your completed Employer Account Registration Form

To register for Employer Account access as explained above, fill out the attached Employer Account Registration Form and either fax it back to Delta Dental of Kansas at 800.264.9462 or email it to: marketing@deltadentalks.com.

A confirmation email will be sent to the individual(s) requesting access when access is ready. If you have any problems logging in, please contact the Sales department at 800.264.9462 or via email at marketing@deltadentalks.com. If you have any questions regarding your employees’ eligibility, you may contact the Delta Dental of Kansas Eligibility department at 800.733.5823.



Employer Account Registration Form

(Please retain a copy of this complete form for your record)

YES! Please register me for the online services checked below:

Please complete a separate form for **each** person authorized to have access to any of the services listed below. It is recommended that **no more than 3 individuals** be authorized to perform the Online Eligibility services below. Once access is setup, you will receive a confirmation email with a link and temporary password to access your Employer Account.

Requesting Access For: (choose one access level)

Online Billing:

- "View Only" Benefits & Eligibility/Print Temporary ID Cards
- Online Eligibility (OLE)

Online Billing*

ACCOUNT NAME

ACCOUNT NUMBER

Access to all employees? Yes No

If no, please list the specific sub-sub accounts to grant access to:

Sub-Sub Account Name:

Sub-Sub Account Number:

*If Online Billing is selected: I am replacing the main billing account I am an additional user

****Following the first successful log in, users will be prompted to change their password.**

Name: _____ Phone Number: _____

Email Address: _____ (this is the email address that will be used to log in to your Employer Account)

User Signature: _____ Date: _____

Disclaimer: It is the employer's responsibility to notify Delta Dental of Kansas immediately in writing, via fax 316.462.3329 or email marketing@deltadentalks.com, when an employee's access to the Employer Account should be terminated. Delta Dental of Kansas shall not be held liable for any unauthorized access to the group's online services, or online changes made to the group's benefits and eligibility unless the employer has submitted written notification to Delta Dental of Kansas prior to any unauthorized access.