



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 online Employer Account at DeltaDentalKS.com. Changes entered through OLE are processed each night.

Terms: Complete enrollment changes prior to the 21st of each month so that changes are reflected on the next bill. The system is structured to meet the group’s contractual stipulations that additions and terminations cannot be made more than 60 days retroactive.

Additions: Our eligibility department will add the employee to your group eligibility within three (3) business days. Once the enrollee is active in the new file, you may perform regular maintenance. Please check the information on the enrollee and dependents to verify accuracy.

(In the event you enter an employee for whom an eligibility file is already in existence at Delta Dental of Kansas, an exception report will be emailed to you the next day stating that an eligibility file is already in place)

Note: COBRA groups may use OLE **only** if the group maintains the eligibility and bills the individuals for coverage.

Online Billing - Available Only for Employers

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 913.381.8312 or email it to: ddpkc@deltadentalks.com.

NOTE: Brokers must obtain the Employer’s signature on the Employer Account Registration Form authorizing Employer Account access before access will be set up.

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 913.381.4928 or via email at ddpkc@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 instructions on how to access your Employer Account.

Requesting Access For: (choose one access level)

Online Billing:

- ☐ "View Only" Benefits & Eligibility/Print Temporary ID Cards (**Employers/Brokers**)
or
☐ Online Eligibility (OLE) (**Employers/Brokers**)

☐ Online Billing (**Employers Only**)

GROUP NAME

GROUP NUMBER

(Use all 18 digits of group number; each group and/or subgroup has an individual group number and must be listed)

If Online Billing is selected (**Employers Only**):

*Only the main billing contact will receive online billing email notifications

- ☐ I am replacing the main billing account*
☐ I am an additional user*

Create a Temporary Password:**

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Password requirements:

- minimum of eight (8) and a maximum of 15 characters
- at least one (1) uppercase letter
- at least one (1) lowercase letter
- at least one (1) number

****Following the first successful log in, users will be prompted to change their password and to choose a security question.**

Name: _____ Phone Number: _____

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

User Signature: _____ Date: _____

Employer authorization for Broker/Agency online access: (if applicable)

Print Name: _____ Date: _____

Employer Signature: _____

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.

Return to Delta Dental of Kansas:

email: ddpkc@deltadentalks.com | mail: P.O. Box 789769 Wichita, KS 67278-9769 | fax: 913.381.8312

800.234.3375 | DeltaDentalKS.com