

## ASO Group Authorization for Use of Group Admin Portal

*Authorization to the portal is for the use and disclosure of PHI*

Group Name: \_\_\_\_\_ Dental and/or DeltaVision Group # \_\_\_\_\_

*The Group hereby designates the following employees and/or producer/agency or consultants to represent the group in order to carry out Group Dental and/or Vision Plan functions that may involve the use and disclosure of Protected Health Information (PHI) on behalf of the Group:*

GROUP - Enter name of individual(s) below:	Check off RELATIONSHIP TO GROUP	Enter Individual's EMAIL	Type of ACCESS requested
	<input type="checkbox"/> Group Administrator <input type="checkbox"/> Human Resources <input type="checkbox"/> Eligibility <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
	<input type="checkbox"/> Group Administrator <input type="checkbox"/> Human Resources <input type="checkbox"/> Eligibility <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
	<input type="checkbox"/> Group Administrator <input type="checkbox"/> Human Resources <input type="checkbox"/> Eligibility <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
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	<input type="checkbox"/> Group Administrator <input type="checkbox"/> Human Resources <input type="checkbox"/> Eligibility <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
Enter Producer and/or AGENCY name:	Check off RELATIONSHIP TO GROUP		Type of ACCESS requested
	<input type="checkbox"/> Producer/Consultant <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
	<input type="checkbox"/> Producer/Consultant <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)
	<input type="checkbox"/> Producer/Consultant <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Enrollment TPA		<input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (no claims access) <input type="checkbox"/> Read Only (with claims access) <input type="checkbox"/> Read & Write (with claims access)

**Authorization:** An Authorization for Release of Protected Health Information is required for questions regarding individual claims, eligibility, or benefit information.

The Group Admin Portal is an online portal used to view, enroll, and update a subscriber's and/or dependent's enrollment status. Each authorized individual at the group will also need to register for the Group Admin Portal at [nedelta.com/Employers](http://nedelta.com/Employers) in order to gain access.

***The above designations and the below authorization will remain in effect until revoked or changed by the Group in writing and will be relied upon by Northeast Delta Dental. Notify Northeast Delta Dental immediately in writing of any changes.***

Duly Authorized Group Representative/Administrator: \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Sign and email form to: [groupadminportal@nedelta.com](mailto:groupadminportal@nedelta.com) or fax to: 603-223-1129