



Benefit Manager Toolkit[®] Registration Form

Because Benefit Manager Toolkit contains sensitive information, we carefully control access to it. As a result, you must complete this form for each person who needs an account. You may list several people on this form. Indicate the type of access required for each person listed. Note: Paper billing details are no longer included with your invoice. Billing details are only available via Benefit Manager Toolkit to individuals who have the appropriate access indicated on this form.

Section 1: Client Information CLIENTS, AGENTS, THIRD PARTY ADMINISTRATORS

CLIENT NAME	CLIENT NUMBER	SUBCLIENT NUMBERS
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Section 2: User Information CLIENTS, AGENTS, THIRD PARTY ADMINISTRATORS

USER ID <small>REQUIRED FOR EXISTING GROUPS ONLY</small>		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	CLIENT SECURITY CONTACT*		
TITLE	E-MAIL ADDRESS	UPDATE AND VIEW ELIGIBILITY		
		VIEW ELIGIBILITY ONLY		
		CLIENT KNOWLEDGE**		
		BILLING DETAILS		

USER ID <small>REQUIRED FOR EXISTING GROUPS ONLY</small>		TYPE OF ACCESS	ADD	REMOVE
NAME	PHONE NUMBER	CLIENT SECURITY CONTACT*		
TITLE	E-MAIL ADDRESS	UPDATE AND VIEW ELIGIBILITY		
		VIEW ELIGIBILITY ONLY		
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USER ID <small>REQUIRED FOR EXISTING GROUPS ONLY</small>		TYPE OF ACCESS	ADD	REMOVE
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USER ID <small>REQUIRED FOR EXISTING GROUPS ONLY</small>		TYPE OF ACCESS	ADD	REMOVE
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		VIEW ELIGIBILITY ONLY		
		CLIENT KNOWLEDGE**		
		BILLING DETAILS		

* **Client Security Contact** is responsible for overseeing user access for their group and requesting changes.

One Client Security Contact per group

** **Client Knowledge** may not be available to your group.

Section 3: Client Contact Information CLIENTS ONLY

To confirm that each user is authorized, we must speak personally with the representative from your organization previously identified as our contact person. The information below helps us identify that person.

CLIENT CONTACT NAME	CLIENT CONTACT TITLE	PHONE NUMBER	BEST TIME TO REACH YOU
PERSON AUTHORIZING ACCESS, IF DIFFERENT FROM CONTACT		E-MAIL ADDRESS	

Section 4: Agency Information AGENTS ONLY

AGENCY NAME	NAME OF AGENT REGISTERED WITH DELTA DENTAL	PHONE NUMBER	BEST TIME TO REACH YOU
PERSON AUTHORIZING ACCESS, IF DIFFERENT FROM CONTACT			
DO YOU HAVE A BUSINESS ASSOCIATE AGREEMENT SIGNED WITH DELTA DENTAL? YES NO	AGENCY TAX IDENTIFICATION NUMBER	E-MAIL ADDRESS	

Section 5: Third Party Administrator Information THIRD PARTY ADMINISTRATORS ONLY

TPA COMPANY NAME	ADDRESS	CITY	STATE	ZIP
DO YOU HAVE AN AUTHORIZATION FORM SIGNED WITH DELTA DENTAL? YES NO	PHONE	FAX	E-MAIL ADDRESS	

We will contact users directly via encrypted e-mail with their user ID and password once we receive confirmation from the person authorizing access.

We will only give the user this information directly.

NAME OF PERSON COMPLETING THE FORM

DATE

MAIL/FAX FORM TO: Delta Dental of Michigan, Attn: Customer Service, P.O. Box 30416, Lansing, Michigan 48909-7916
1-517-706-3542 (FAX) • 1-866-356-0301 (Toolkit Support)

FOR NEW ACCOUNT REQUESTS ONLY

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