

Fully Insured Group Designation for Use and Disclosure of PHI

Group Name: _____ Group # _____

The Group hereby designates the following employees and/or producer 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:

| Designated Individuals | | Types of Authorized Access Allowed for Administrative Functions | |
|--|---|---|---|
| NAME - List one name per relationship to group | RELATIONSHIP TO GROUP | Enrollment, Billing, Administrative Functions | Group Admin Portal (GAP)* ACCESS |
| <i>Example:</i> <i>Jane Doe</i> | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input checked="" type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input checked="" type="checkbox"/> Read & Write (make changes) |
| 1. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 2. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 3. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 4. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 5. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 6. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |
| 7. | <input type="checkbox"/> Producer/Consultant** <input type="checkbox"/> Human Resources <input type="checkbox"/> Group Administrator <input type="checkbox"/> Cobra Administrator <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment TPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Read Only <input type="checkbox"/> Read & Write (make changes) |

Authorization: "Administrative functions" includes access to PHI via verbal, written, electronic and/or system access for the management of eligibility or enrollment for the Group. An Authorization for Release of Protected Health Information is required for questions regarding individual claims, eligibility or benefit information.

*"GAP" is an online portal used to enroll and update a subscriber's and/or dependent's eligibility status.

**Please note that only one email account per registration can be used.

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 or fax to: 603-223-1129