



BENEFIT MANAGER TOOLKIT®

Streamline your benefits management process using Benefit Manager Toolkit!

- ➔ Get **real-time** benefit and eligibility information, without a phone call
- ➔ Take control of your group’s eligibility – view, enter, edit, and terminate member eligibility immediately...no wait time
- ➔ Download dentist directories in a printable format
- ➔ View your billing details
- ➔ Access flexible and convenient reports (if your group qualifies for reports)
- ➔ Create Benefit Manager Toolkit accounts for your company, maintain security levels for your users, and disable accounts when roles change or the person leaves your company

Select an Agency Administrator within your company using the form below. This administrator will be able to set up and maintain your Benefit Manager Toolkit accounts, enabling immediate access for your users.

Please complete the following information to name your agency’s Benefit Manager Toolkit administrator:

Agency Information	
Agency Name	Agency TIN
Administrator Information	
NAME	TITLE
EMAIL	PHONE NUMBER
Authorized Signature	
<i>Note: This form must be signed by someone with proper authority within your organization to delegate access to the accounts corresponding to the agents below.</i>	
AUTHORIZED SIGNATURE	TITLE
PRINT NAME	DATE

Please list the agents that should have access to the Benefit Manager Toolkit as validated and authorized by the signee above. If all agents, please indicate with "ALL." Agents not assigned to a BMT Administrator will not have Benefit Manager Toolkit access.

Delta Dental of Nebraska will send your administrator an email with registration information and further instructions.

Please send completed form to:

Email:
DeltaDentalConnect@DeltaDentalNE.org

Fax:
(612) 351-5180

If you have any questions, please contact Delta Dental Connect at (866) 280-8367

Internal
<input type="checkbox"/> Authorized _____

OBLIGATIONS:

Agency Administrator acknowledges the confidential nature of Billing, Enrollment or Subscriber Information included in the Benefit Manager Toolkit, and that such information includes Protected Health Information ("PHI") as that term is defined by the Health Insurance Portability and Accountability Act of 1996. Agency Administrator agrees that it shall:

- a) use and disclose the information provided through the Benefit Manager Toolkit, including PHI, in compliance with all applicable laws and regulations including but not limited to HIPAA;
- b) instruct all employees who have access to Billing or Enrollment Information of the necessity to maintain the confidentiality of such information and to comply with applicable confidentiality laws;
- c) ensure that only those individuals who require access to the BMT to administer the plan functions are delegated access to the BMT;
- d) utilize the BMT and any PHI in accordance with Agent's Business Associate Agreement with the Plan and Delta Dental of Nebraska.

TERMINATION:

This Agreement shall continue in effect until Agency Administrator ceases using the Benefit Manager Toolkit.