

Website Authorization Form Small Groups (under 100)

Purpose: This form allows a Plan Sponsor to open Website Accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to bills.

Plan Sponsor Requesting Authorization	
Group Name:	Group Number:
Address:	
Telephone:	E-mail Address:

Fill out one form for each employee requiring access. Provide user name, e-mail, and phone number for the individual and identify the access authorized for that individual by checking the box next to the service. Please also supply a key word in the event a password is forgotten (applicable only for those requiring a password).

Add User Terminate User

Full Name:	E-mail:
	Phone Number:
Keyword (choose one) Last 4 digits of SSN _____ Pet Name _____ Mother's Maiden Name _____	

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access the checked options below and perform the functions associated with each option on the group's behalf and hereby authorizes DDCO to open a website account for the individual set forth above (access requires password).

Enrollment

Full Access (adds, changes, terms)
 View Only

View Invoices

Yes
 No

Access to Pay Bills

Yes (incl. remittance page or ACH info.)
 No

AUTHORIZATION AND CONDITIONS FOR PRIVILEGES GRANTED

In consideration for the privileges set forth in this Website Account and Authorization form, the group, acting through its hereby agrees to the following conditions:

1. DDCO may rely on electronically submitted enrollment data to the same extent as if submitted by non-electronic means;
2. Group will undertake reasonable measures to safeguard account information, including user name and password, and to prevent unauthorized access to the website by someone acting or purporting to act on the group's behalf;
3. All requests (adds, changes, terms) need to be submitted via **e-mail to Group_Admin@ddpco.com or faxed to 303-741-9160**. DDCO shall have three business days (excluding holidays) to process such requests;
4. Group shall be solely responsible for any liability arising from the use of the Website Account and shall indemnify, hold harmless and defend DDCO against any claim arising from the Authorized User's use of the Website Account, or the groups failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; and
5. The individual signing this application form has the authority to permit the requested access and bind the group to the terms and conditions set forth above.

Authorized Representative Signature: _____ Date: _____
Signature Printed Name