Electronic Group Information Form 'How To' Guide

October 2021

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Group Information Form

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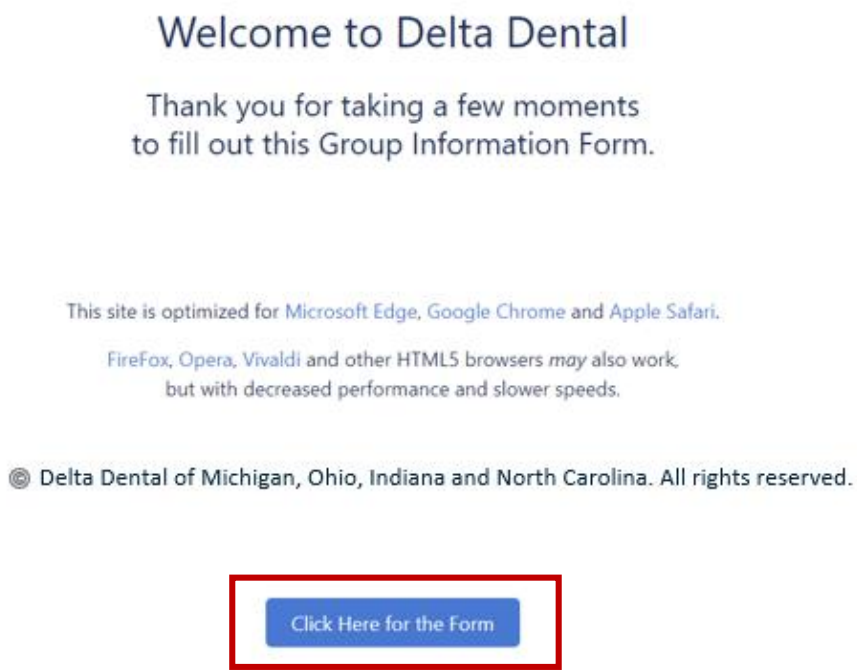
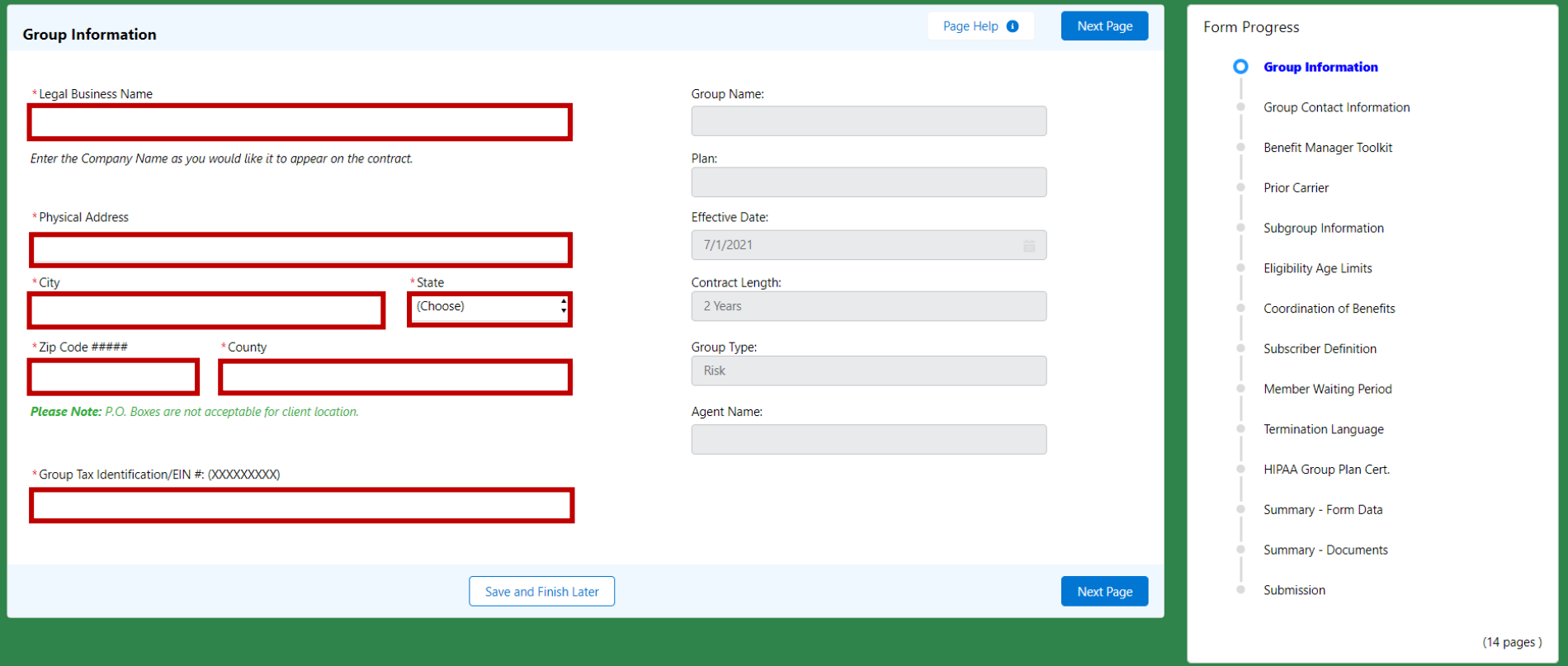
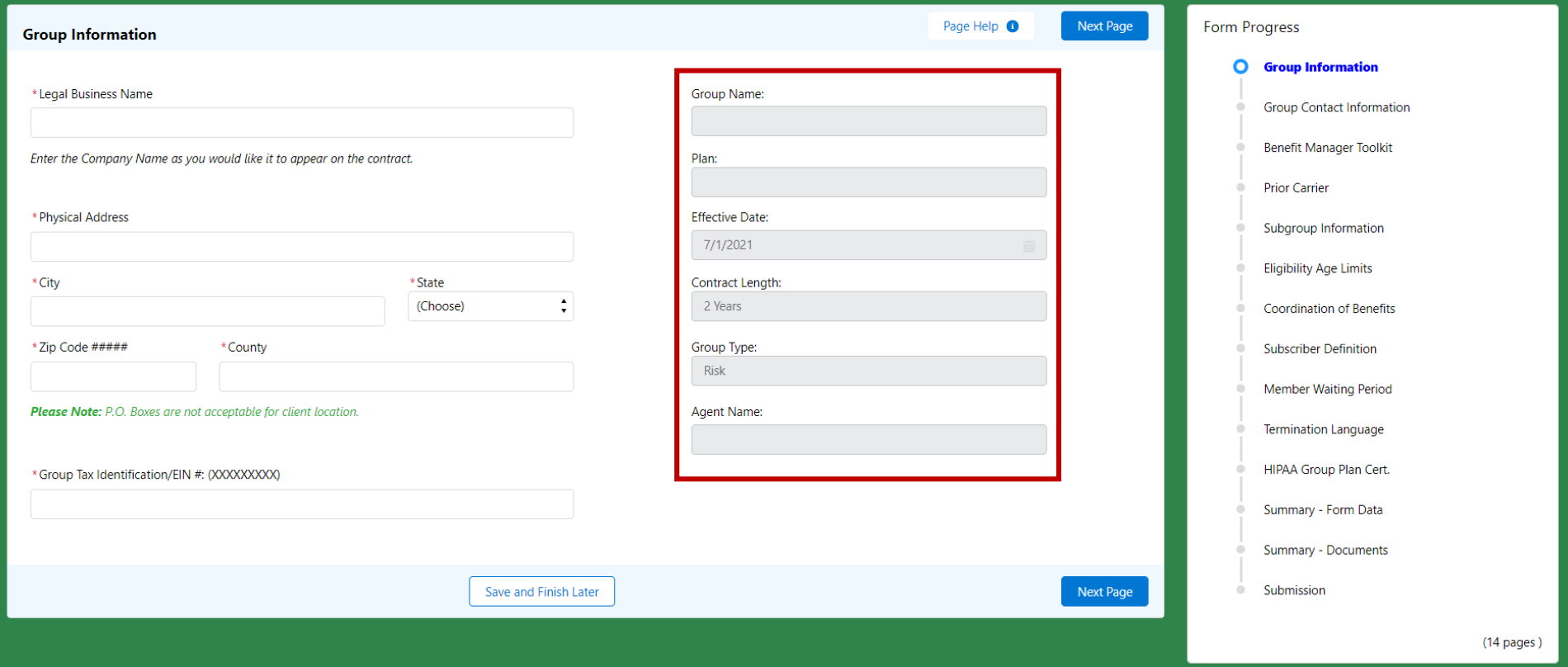


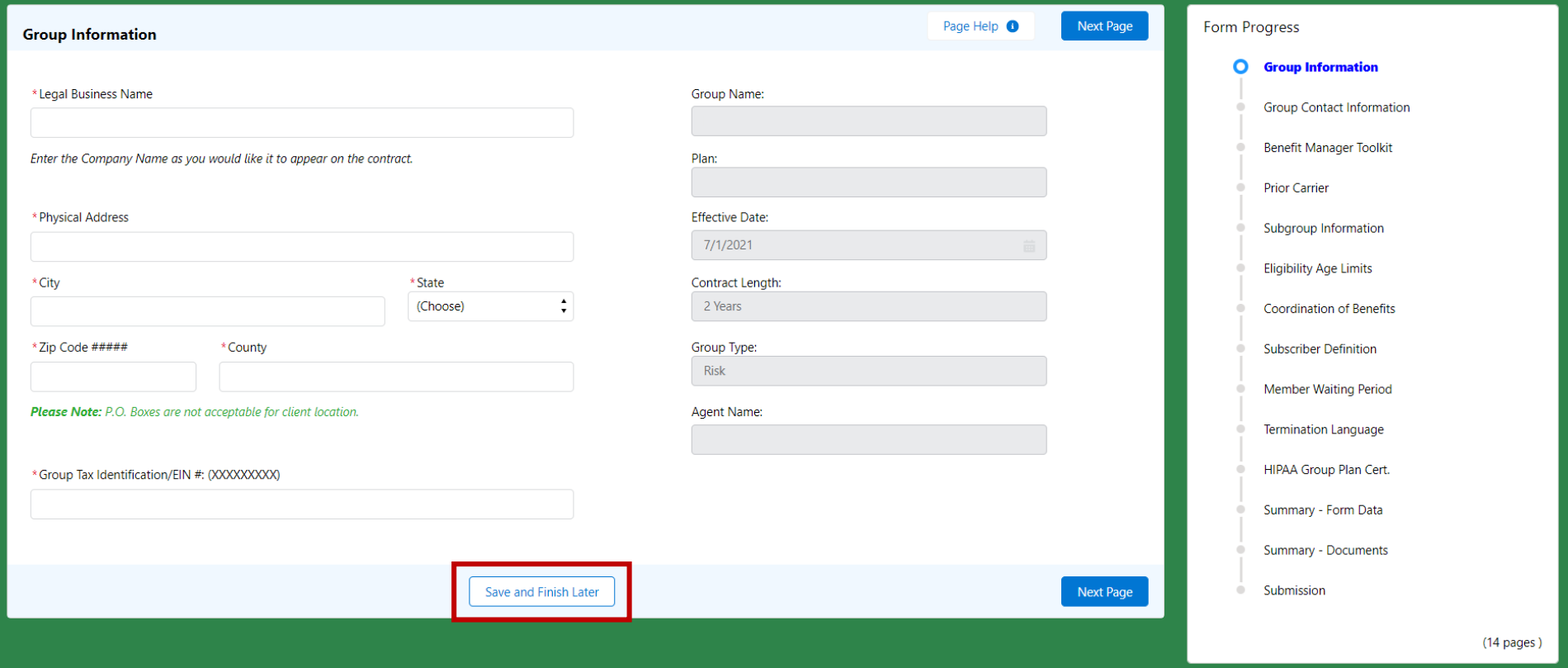
1. Click “Click Here for the From” to open the Group Information Form



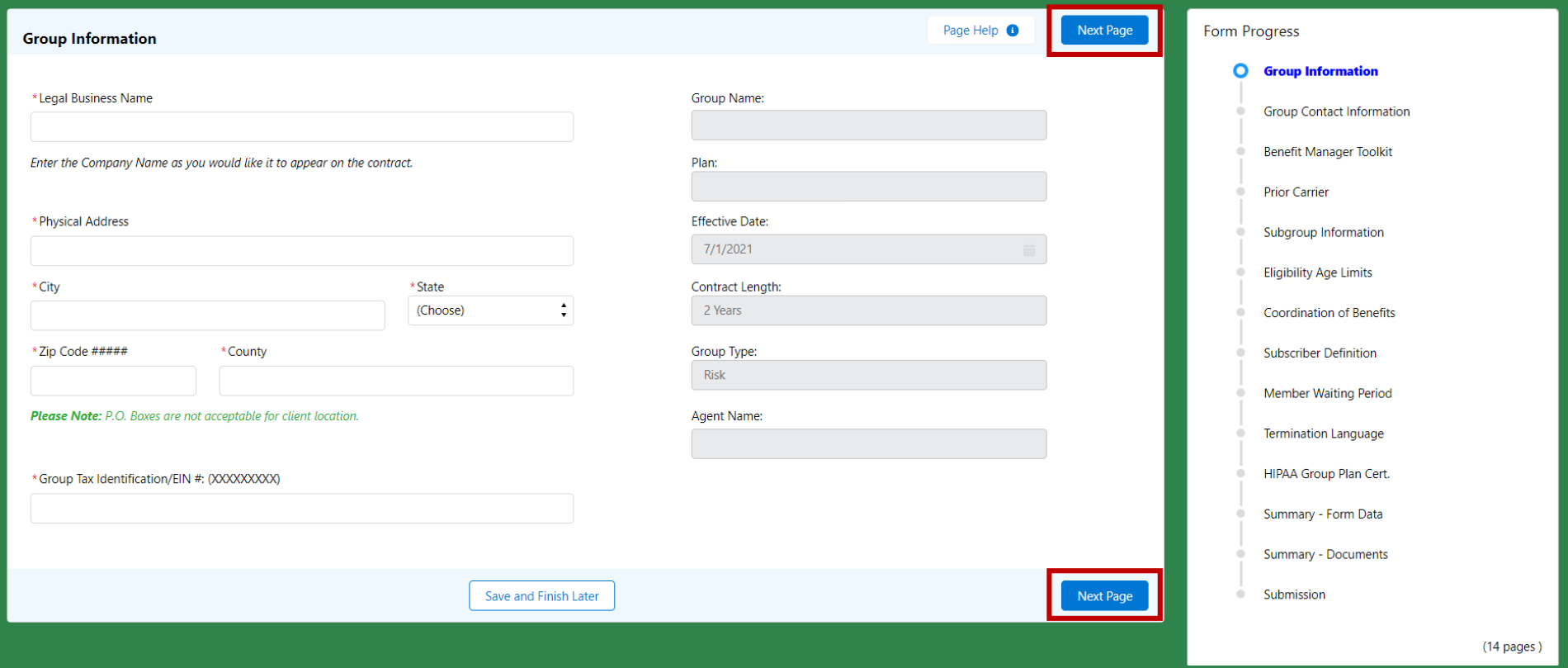
2. Complete all fields on the Group Information Page



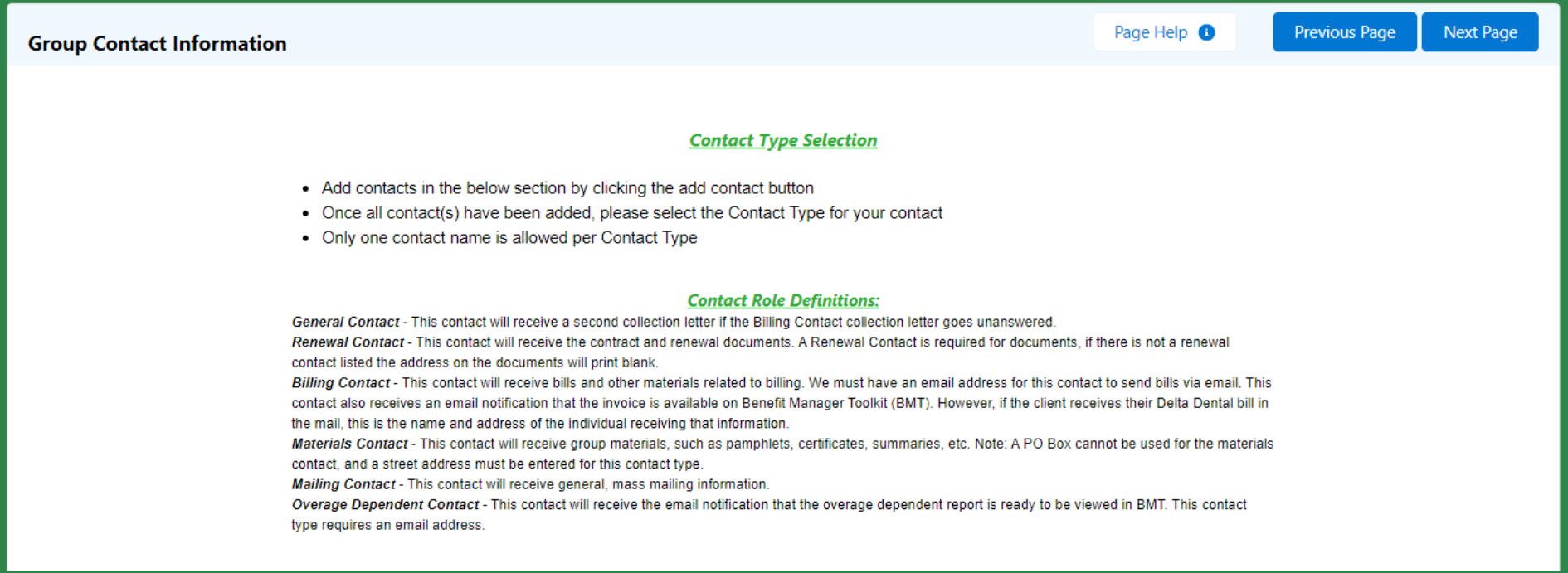
3. Review the non-editable gray fields and contact your Sales Rep if anything is incorrect



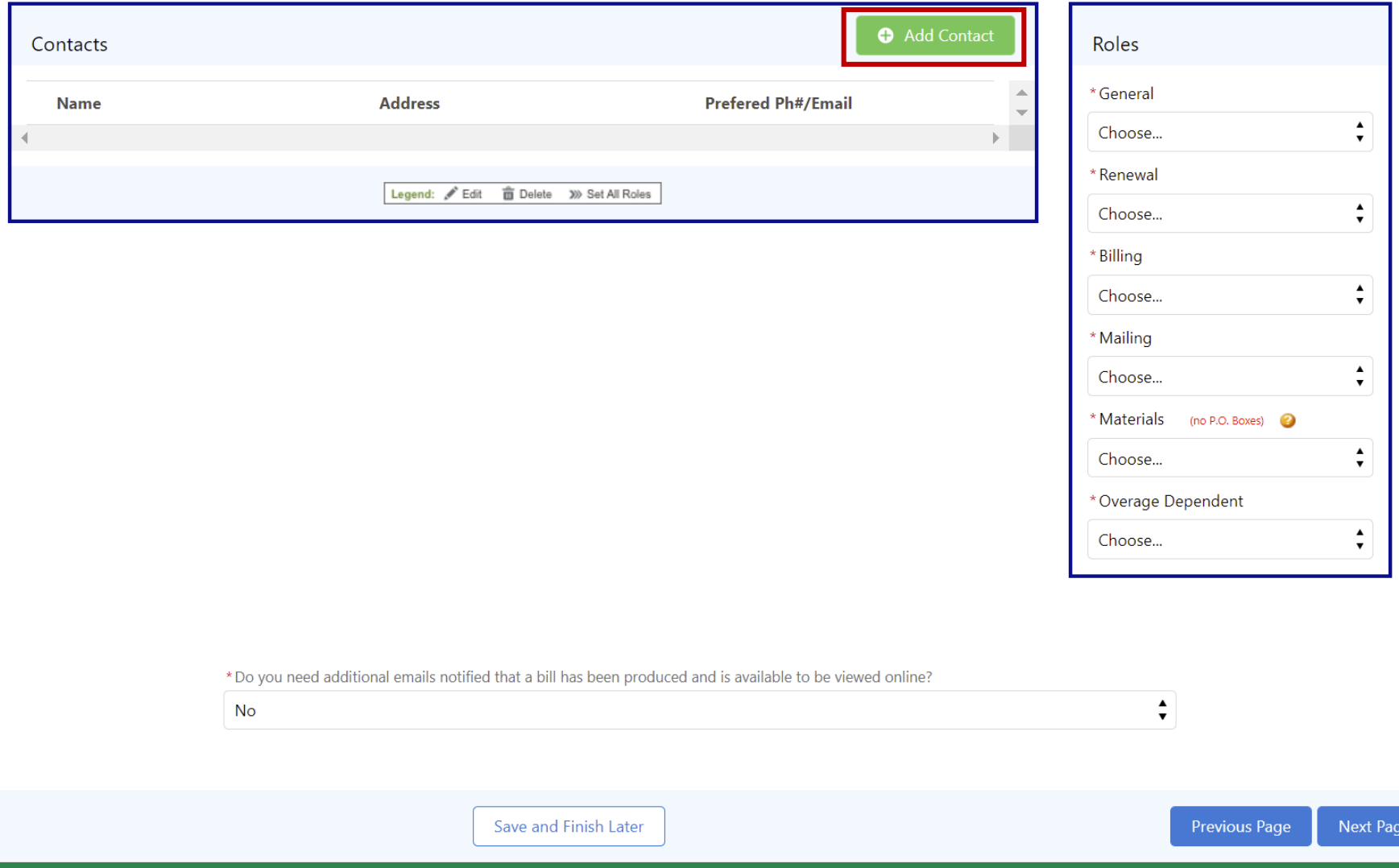
4. At any point while filling out the form, you can save and finish the form later. Use the same link to access the form again



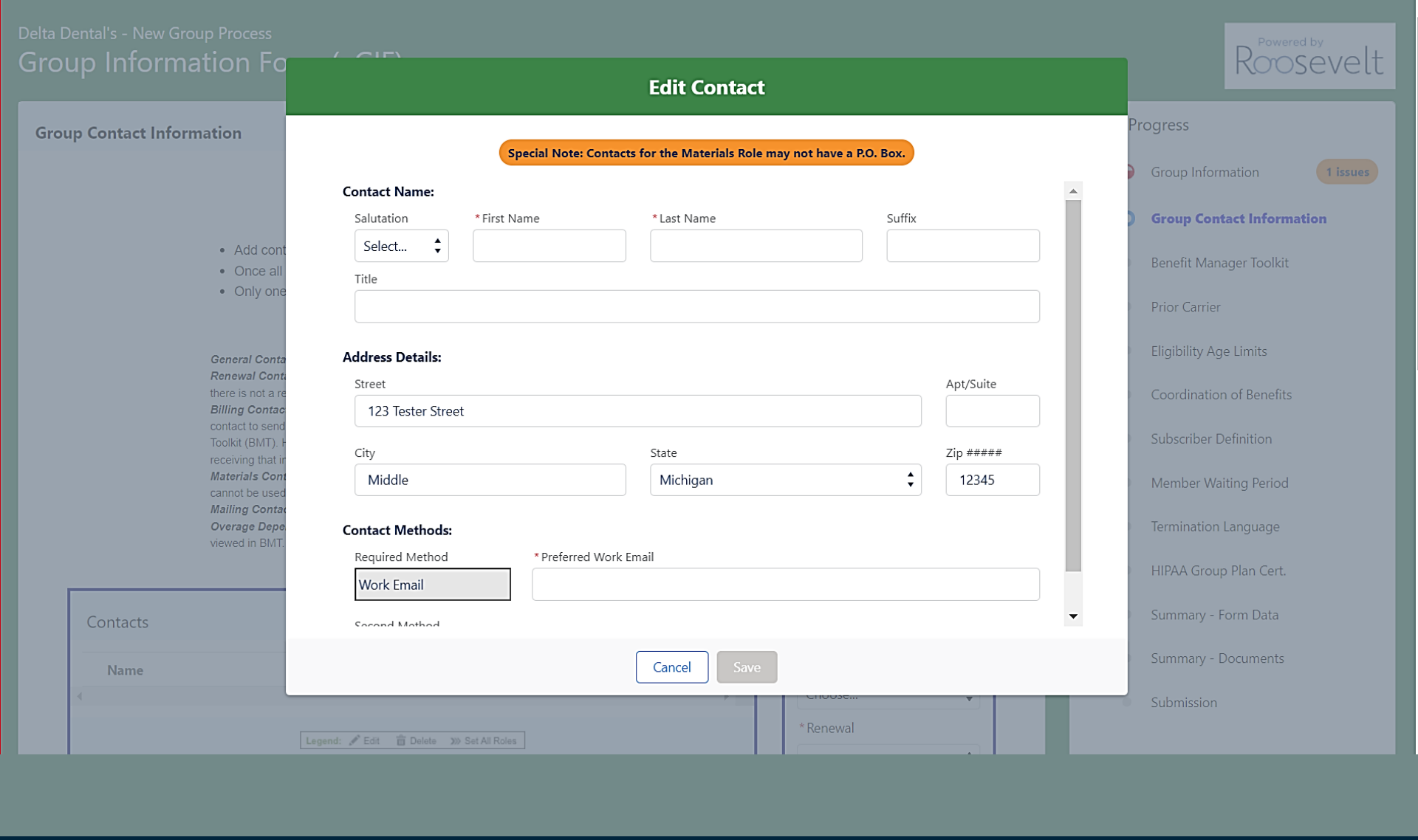
5. Click “Next Page” to move to the next page. Moving to the next page will also save your information



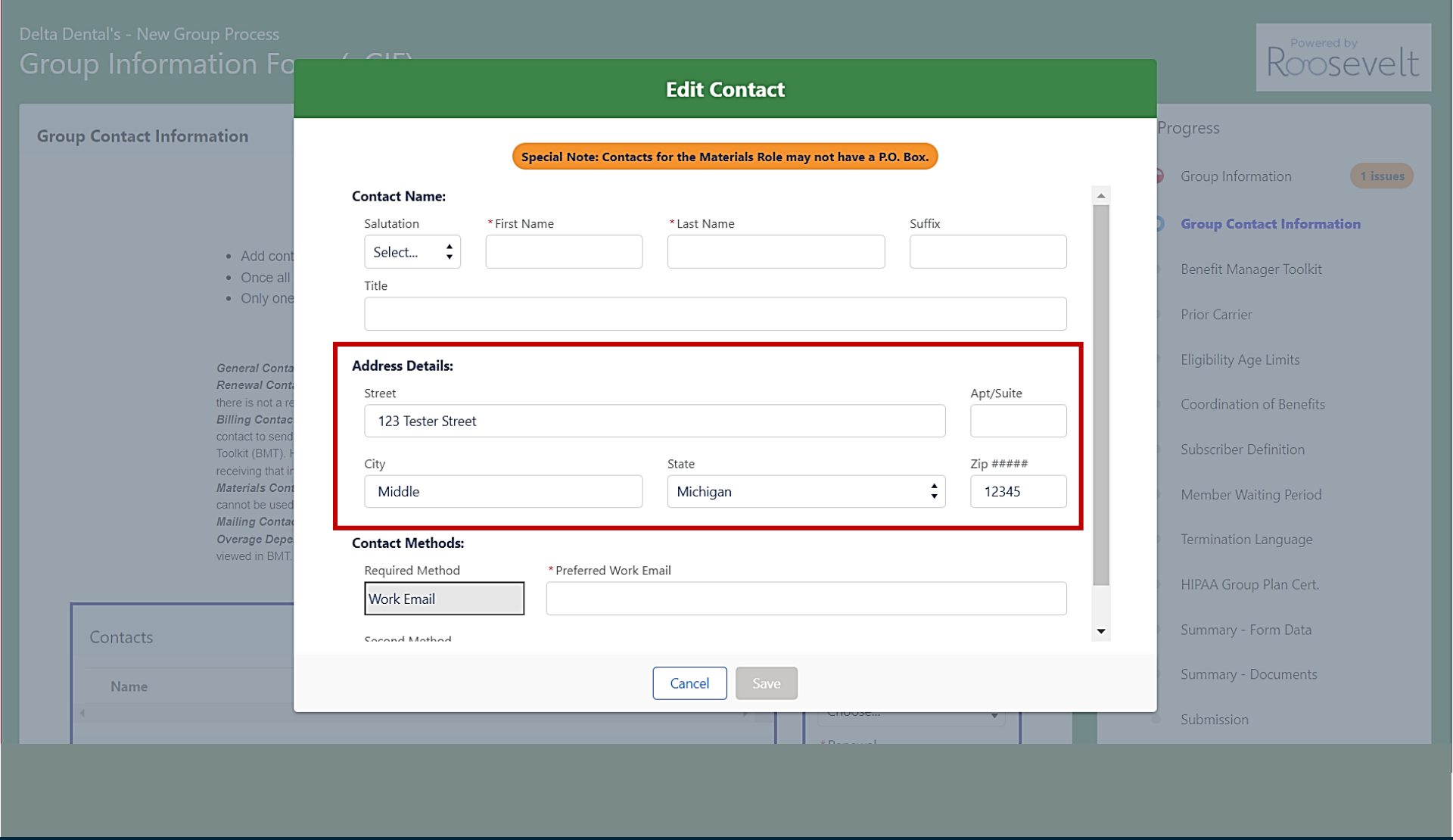
6. Review the contact role definitions and scroll down to enter contacts



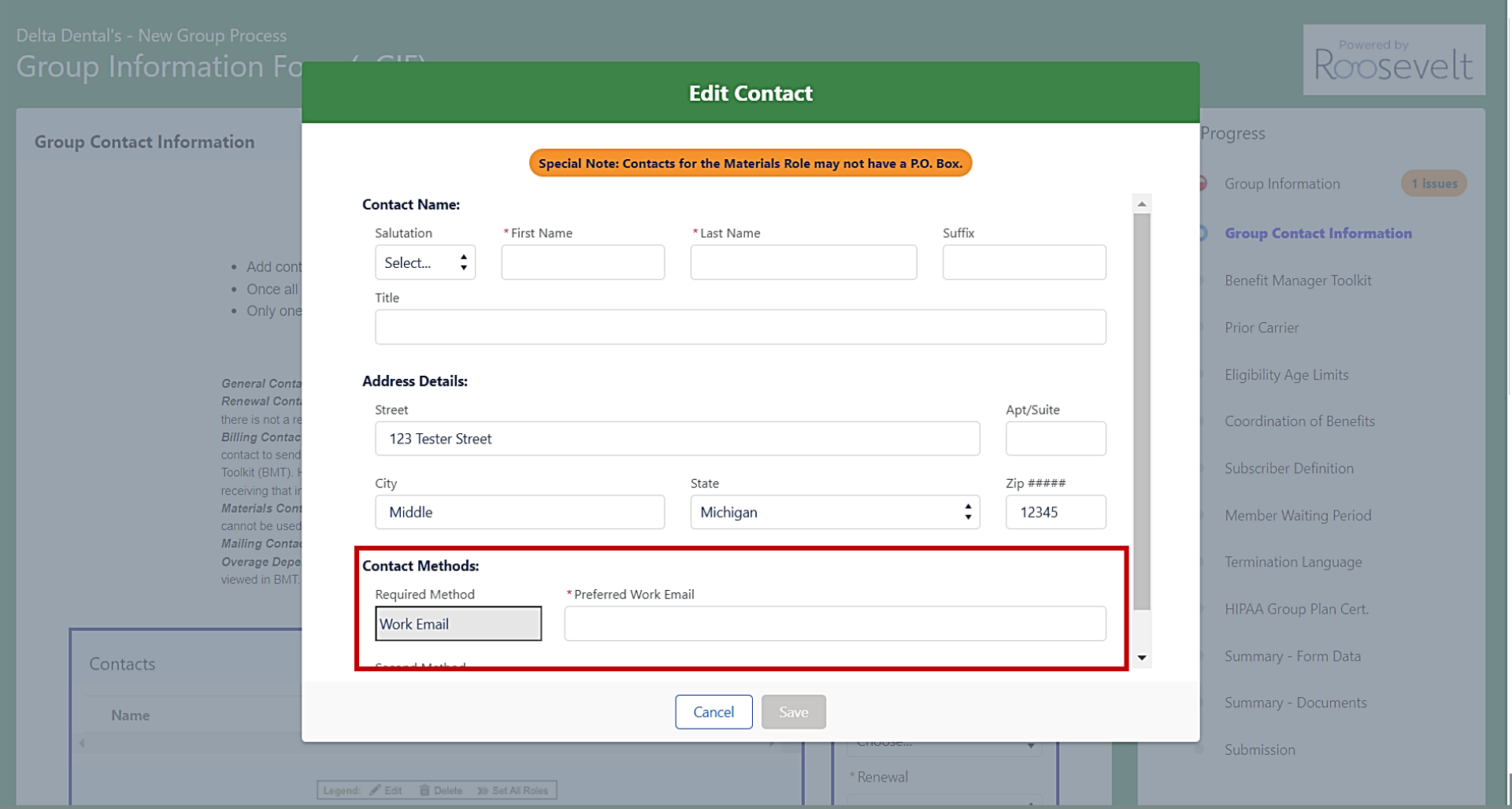
7. Use the green “Add Contact” button to add a contact



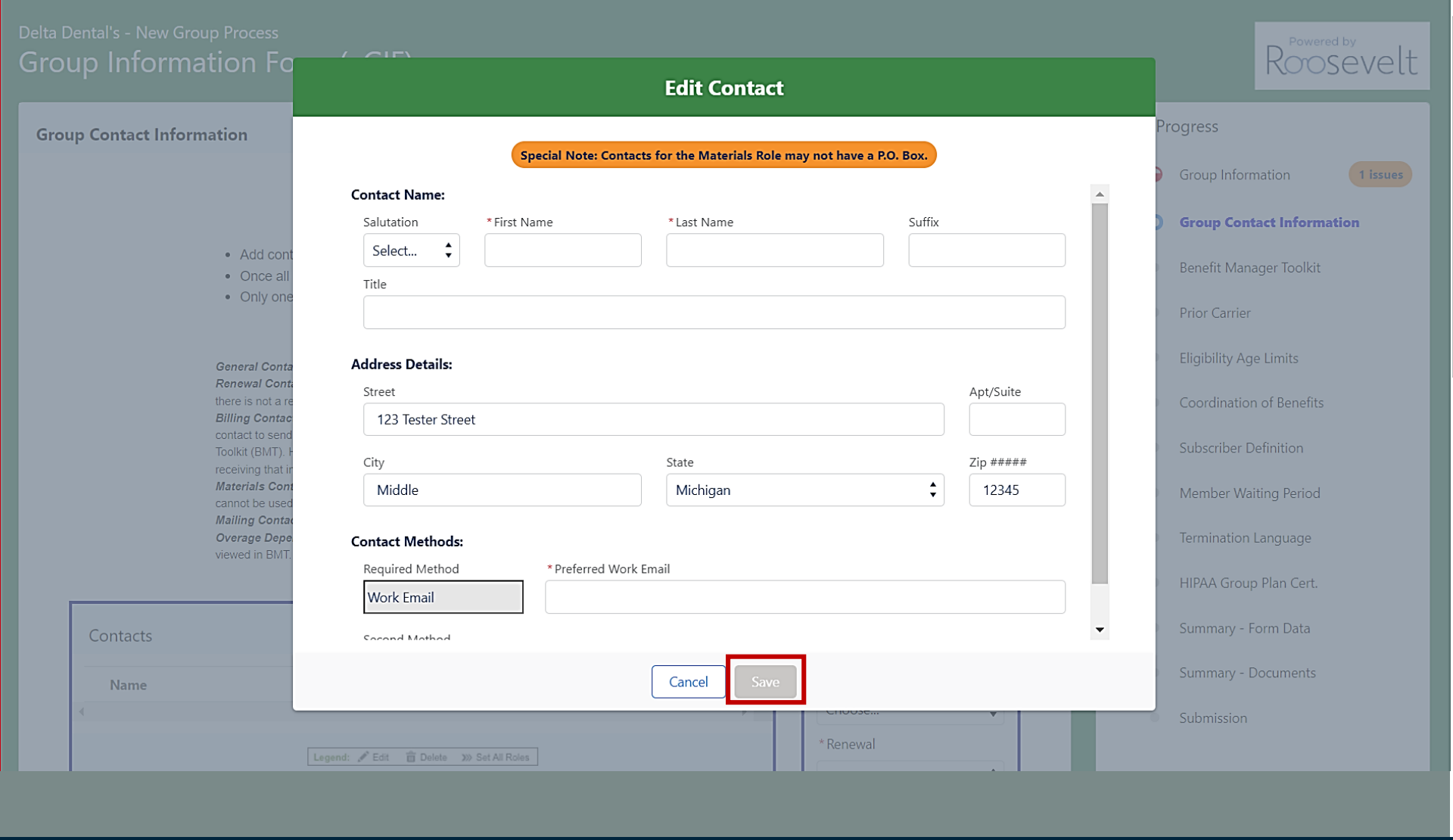
8. Complete all fields to add the contact



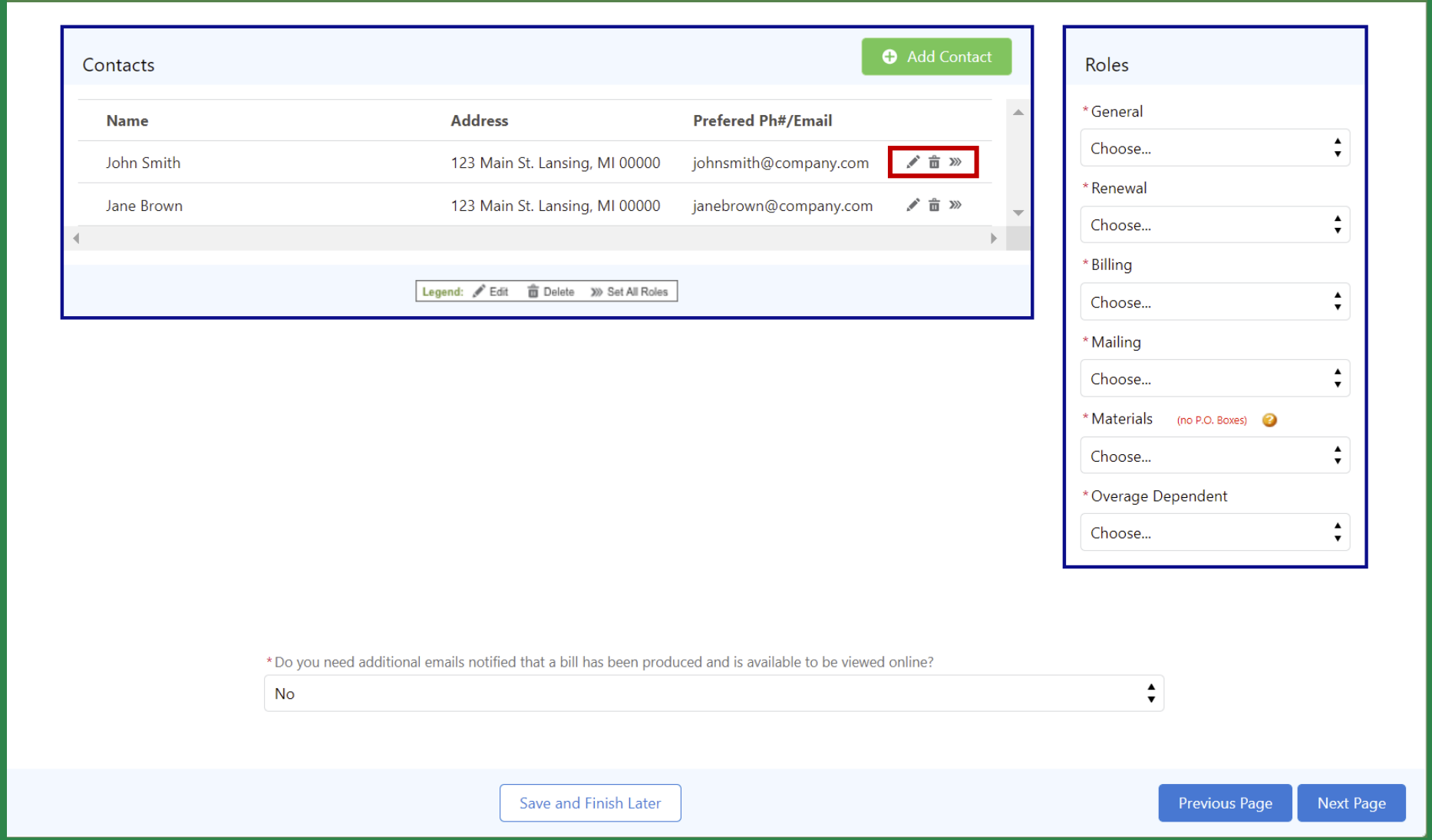
9. The address will default to the Group address. Confirm that this is accurate or update to the correct address



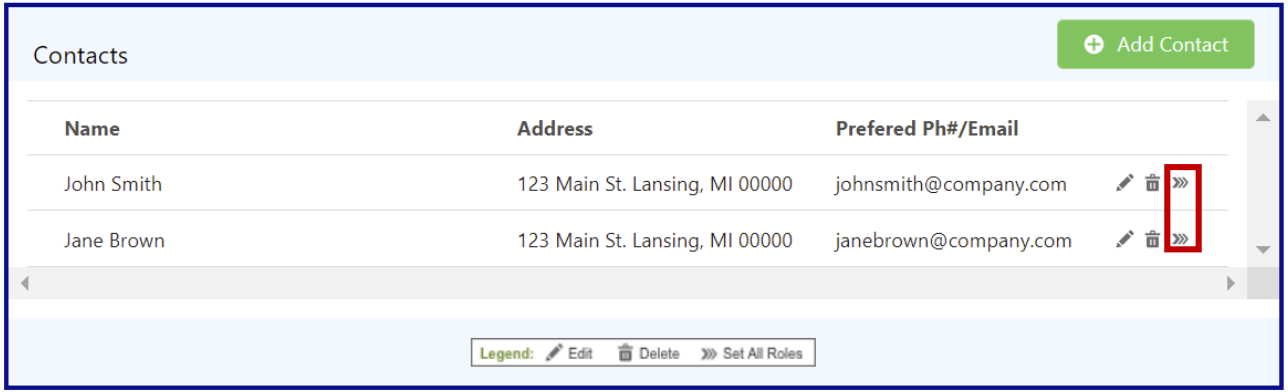
10. Enter the contact's email address, and add a secondary contact method if desired



11. Click “Save” to save the contact. You will be able to make edits to any saved contacts



12. To edit an existing contact, click the pencil icon. To delete a contact, click the garbage can icon. To set that contact as all roles, click the arrows



*Do you need additional emails notified that a bill has been produced and is available to be viewed online?

No

Save and Finish Later

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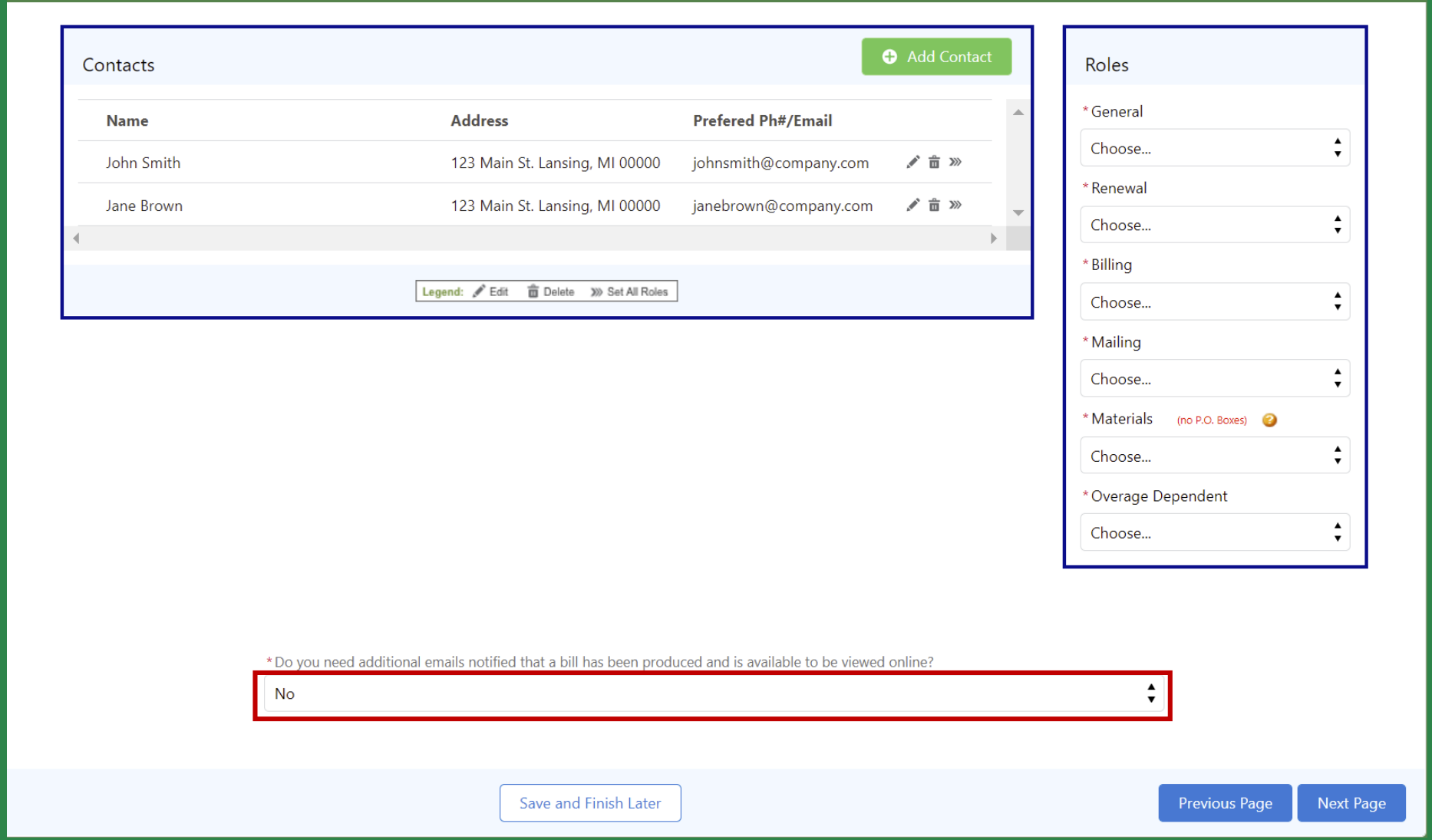
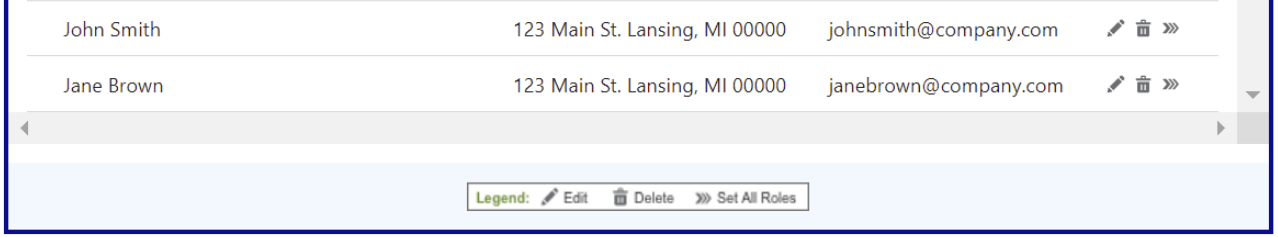
13. Set a contact to each role by using the arrows or the drop down under each role



14. Indicate if you need additional emails notified that a bill is available to be viewed online



*Do you need additional emails notified that a bill has been produced and is available to be viewed online?

Yes

*Additional Billing Emails (please enter with a comma in between each email, i.e. billing@company.com, jane@company.com).

accounting@company.com, admin@company.com

Save and Finish Later

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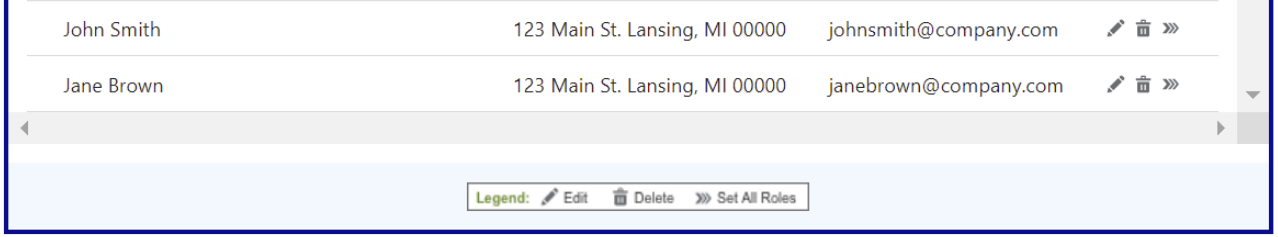
15. If yes, add the billing emails that should be notified with a comma between each one



*Do you need additional emails notified that a bill has been produced and is available to be viewed online?

Yes

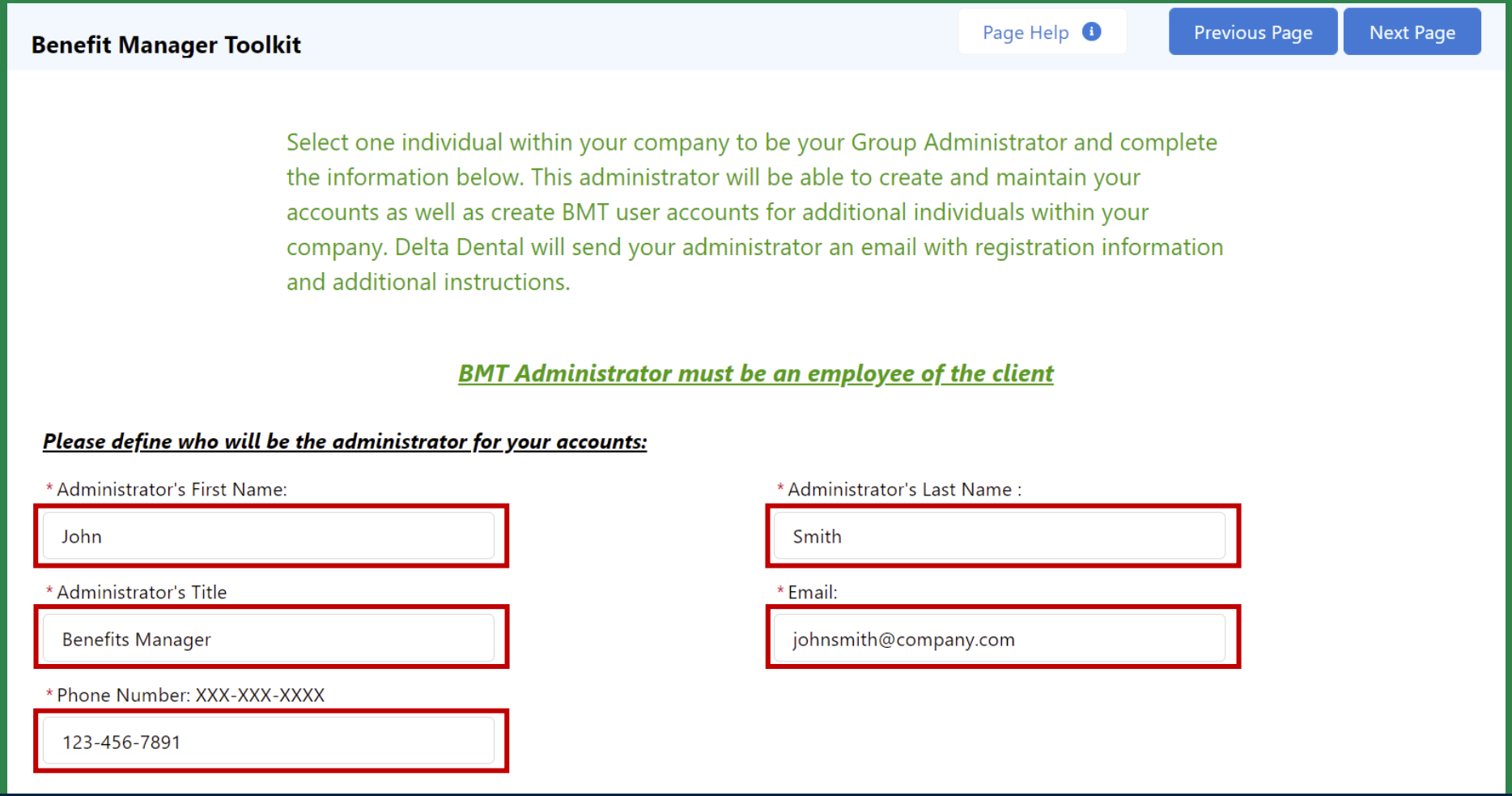
*Additional Billing Emails (please enter with a comma in between each email, i.e. billing@company.com, jane@company.com).

accounting@company.com, admin@company.com

Save and Finish Later

Previous Page Next Page

16. Once complete, click “Next Page” to move to the next page



17. Complete each field to add the BMT administrator

Note: the BMT administrator must be an individual within the company

*I authourize that the assigned Agent/Agency (including General Agents) requires access to the Benefit Manager Toolkit as indicated.

Yes

PLEASE CLICK HERE TO GET A PREVIEW OF THE BENEFIT MANAGER TOOLKIT

What is BMT?

With the Benefit Manager Toolkit® (BMT), benefit managers and third-party administrators can:

- Get real-time benefit and eligibility information 24/7
- Access billing details
- Manage your groups eligibility by entering, editing and terminating members
- Streamline your benefits management process
- Download dentist directories in a printable format

Save and Finish Later

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18. If you have an agent, indicate if you want to give your assigned agent/agency access to BMT

*I authourize that the assigned Agent/Agency (including General Agents) requires access to the Benefit Manager Toolkit as indicated.

Yes

PLEASE CLICK HERE TO GET A PREVIEW OF THE BENEFIT MANAGER TOOLKIT

What is BMT?

With the Benefit Manager Toolkit® (BMT), benefit managers and third-party administrators can:

- Get real-time benefit and eligibility information 24/7
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Save and Finish Later

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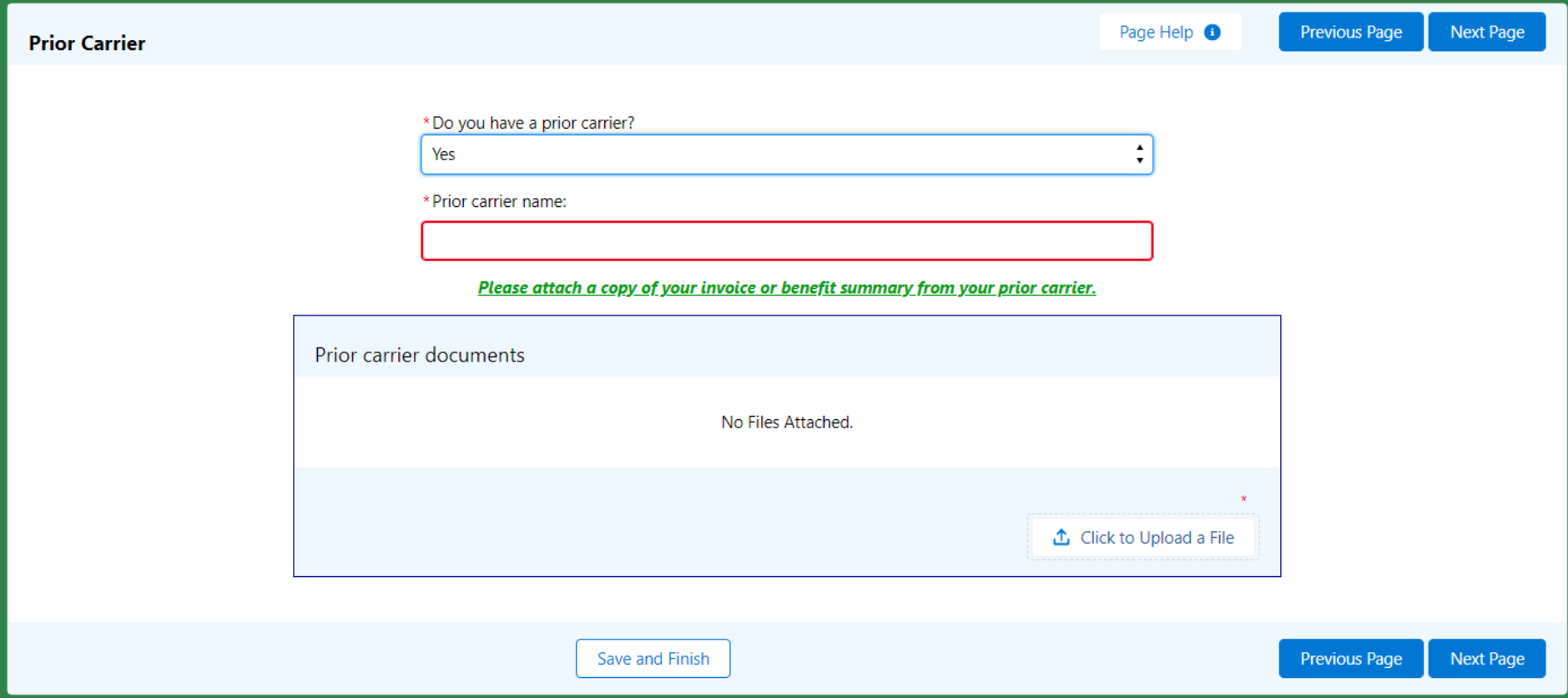
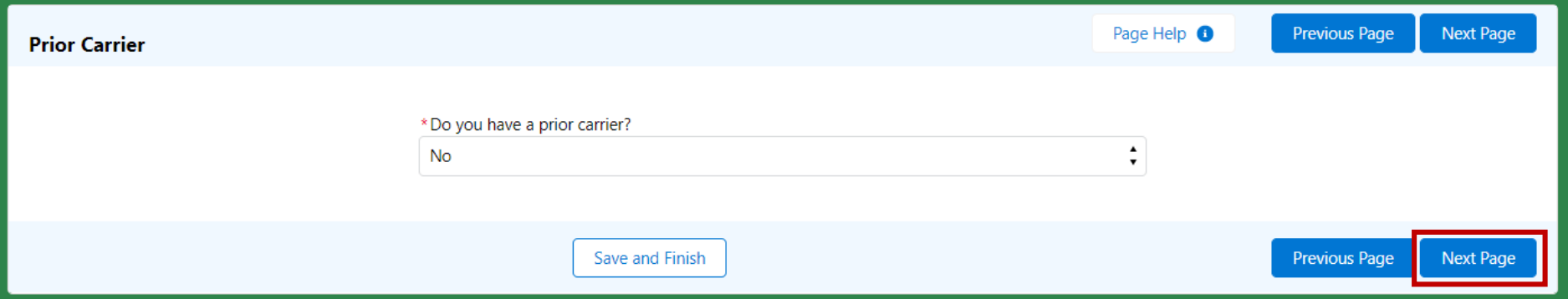
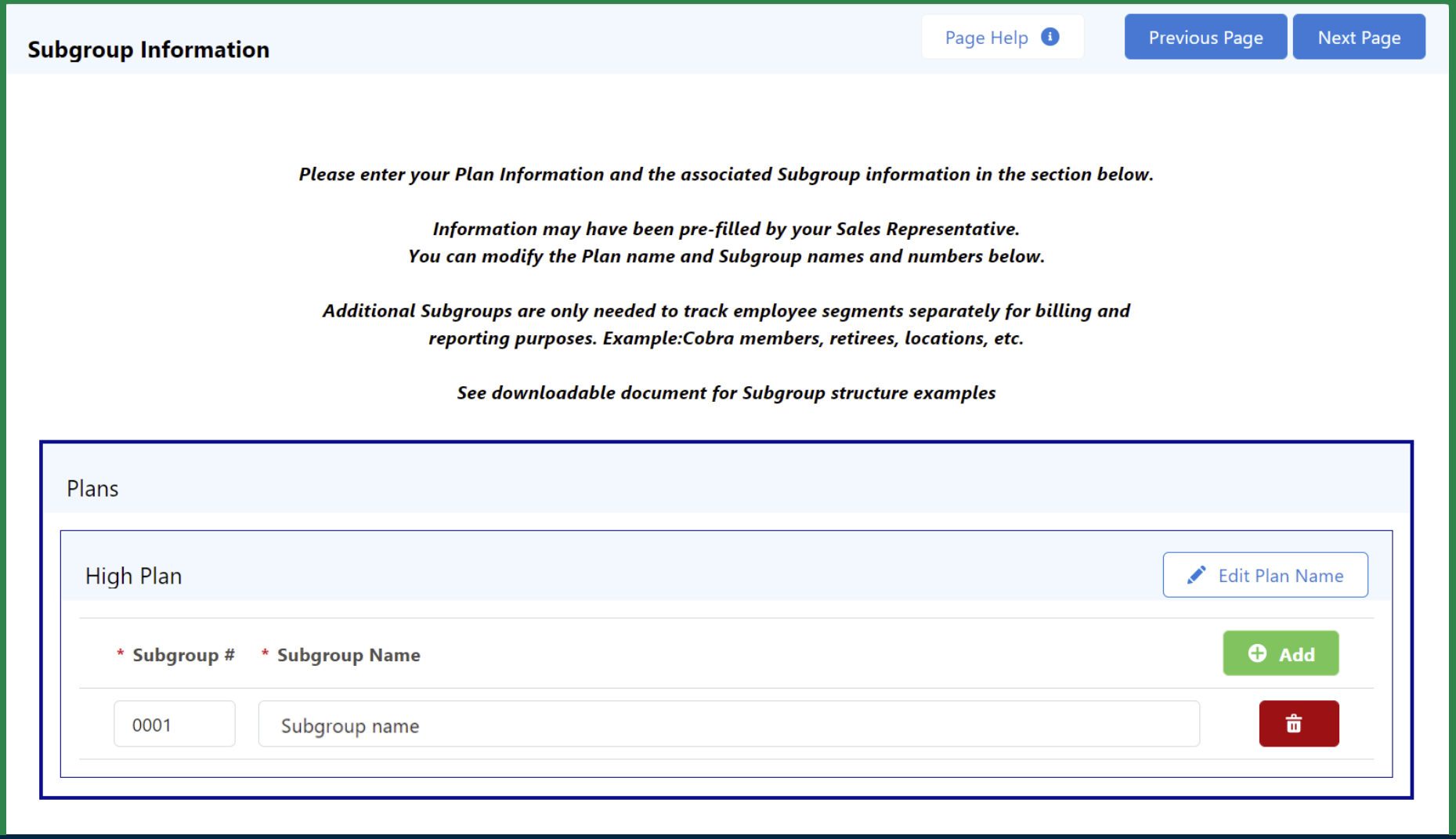
19. Once complete, click “Next Page” to move to the next page



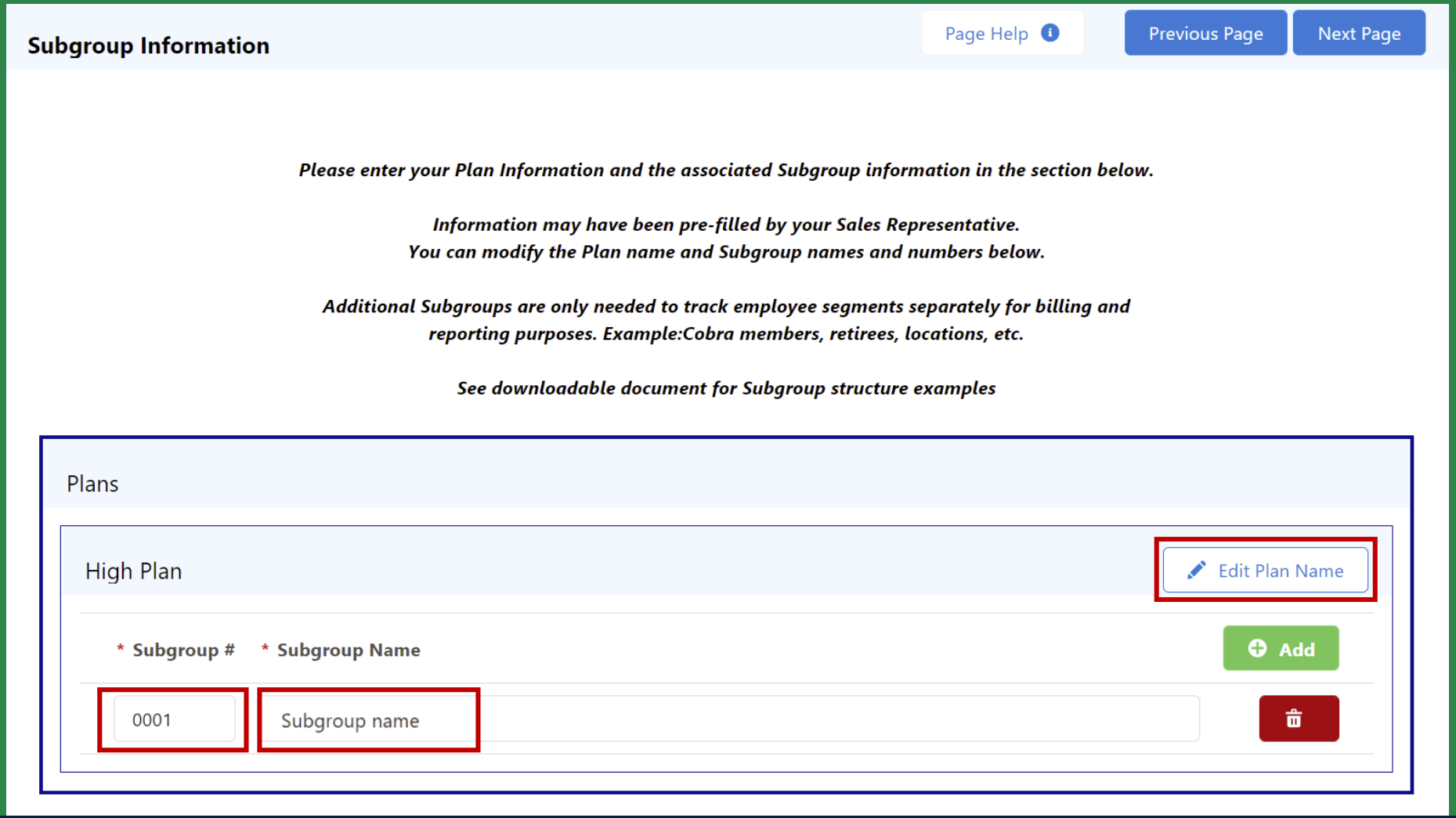
20. If you have Prior Carrier, type in the prior carrier's name and attach a copy of your invoice or benefit summary



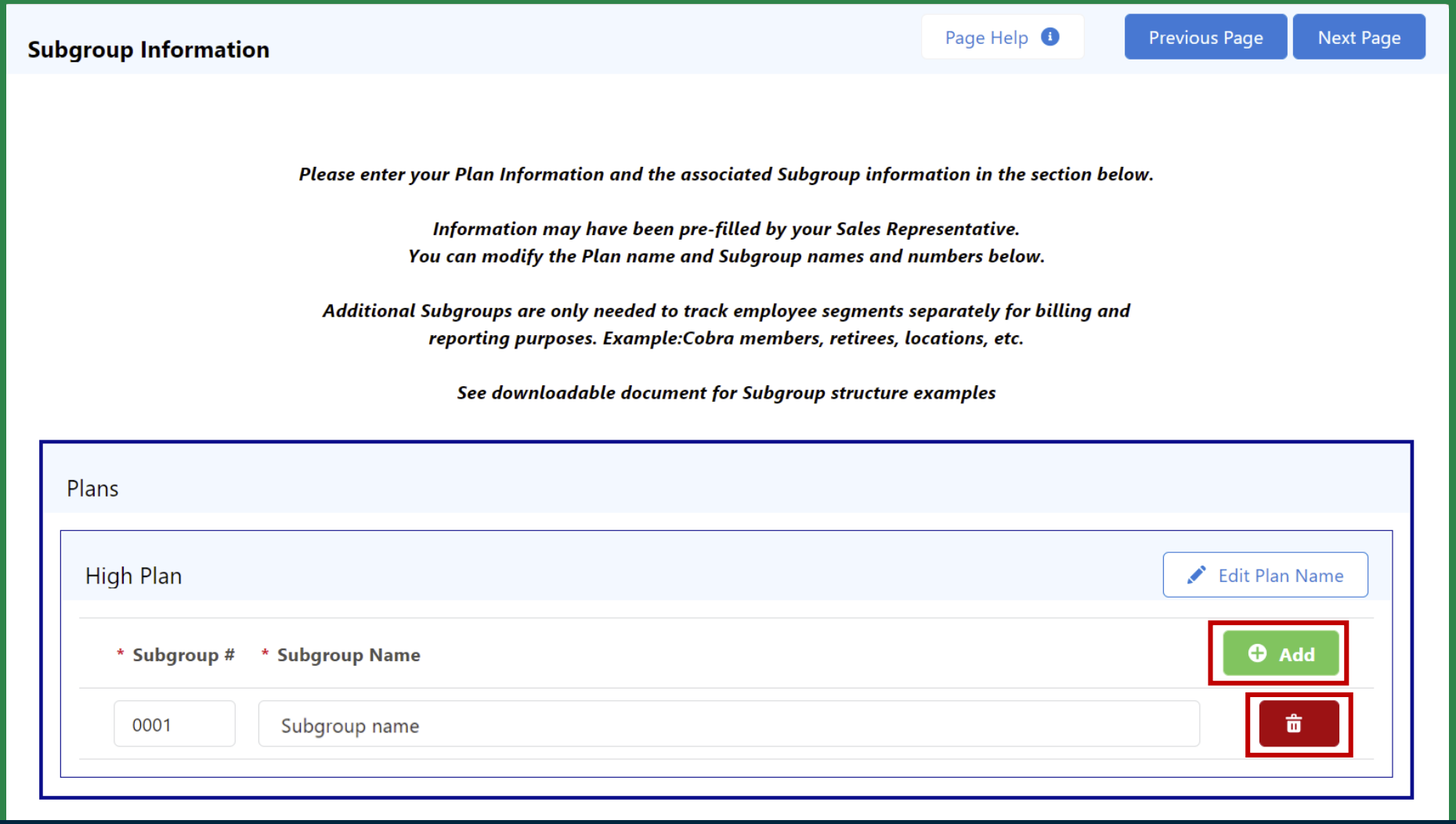
21. If you do not have a Prior Carrier, select “No” and move on to the next page



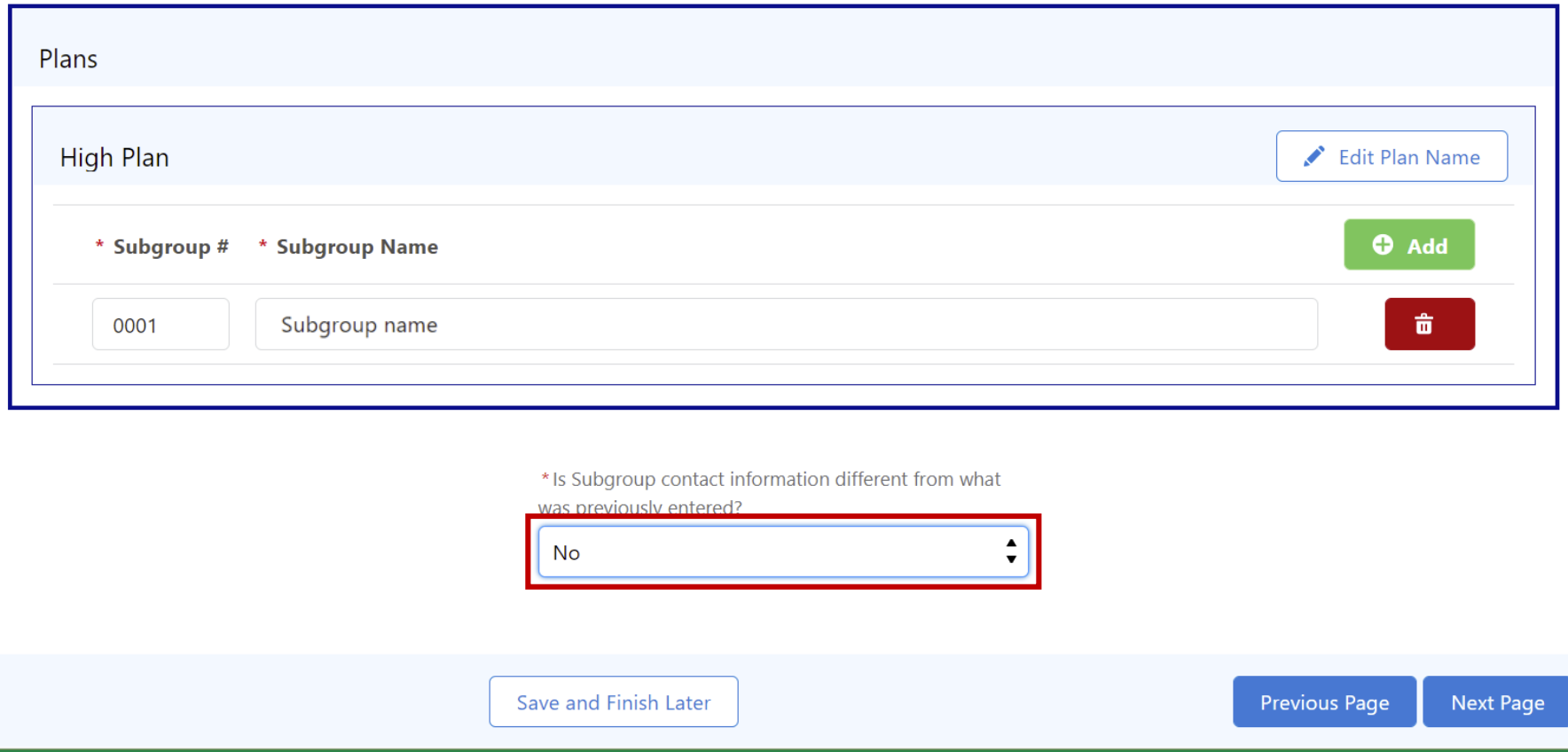
22. Review the plans and subgroups that have been added for your group



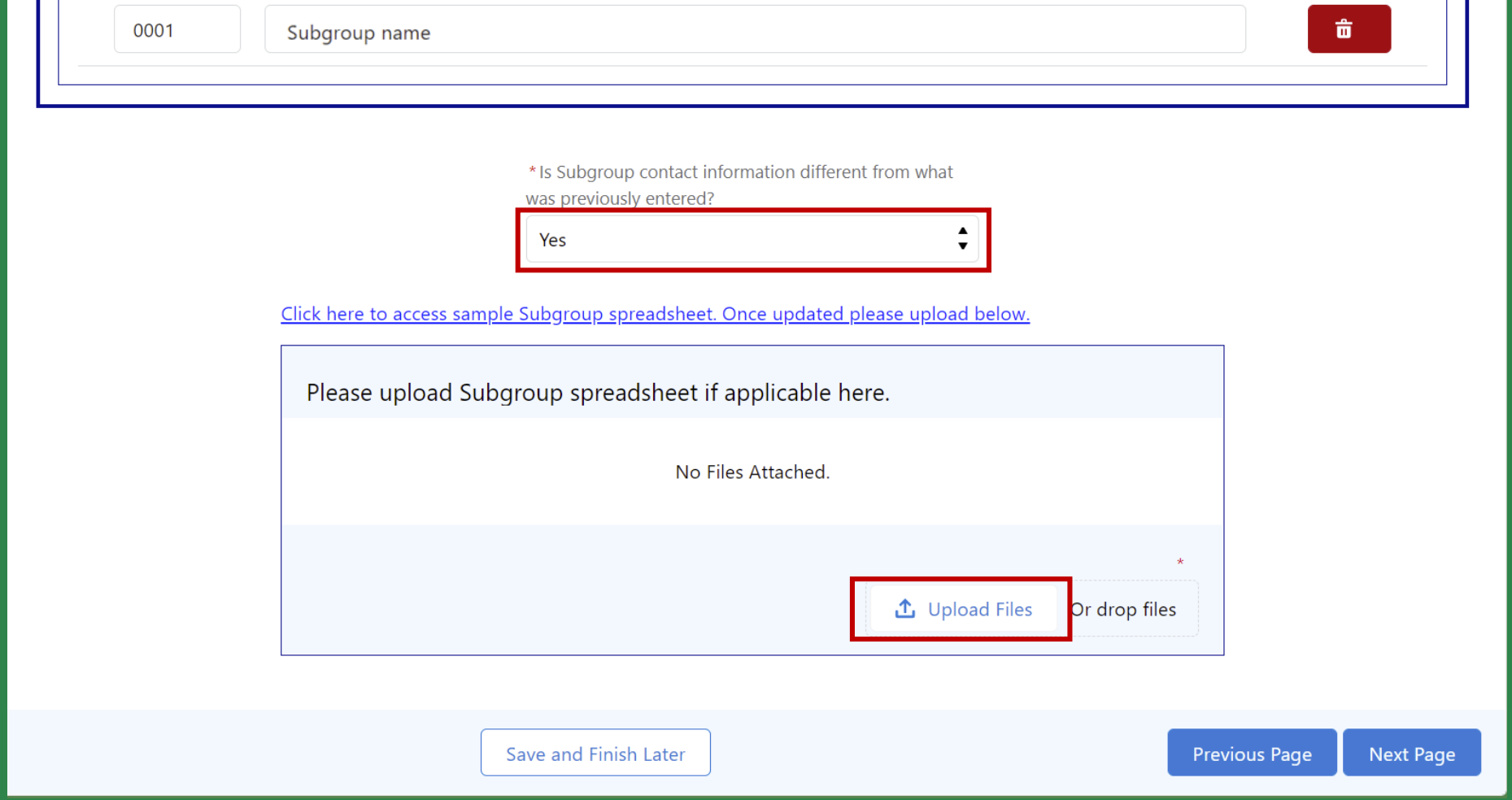
23. Edit the plan name with the “Edit Plan Name” button or click into the subgroup name or subgroup number to edit the subgroup name or subgroup number



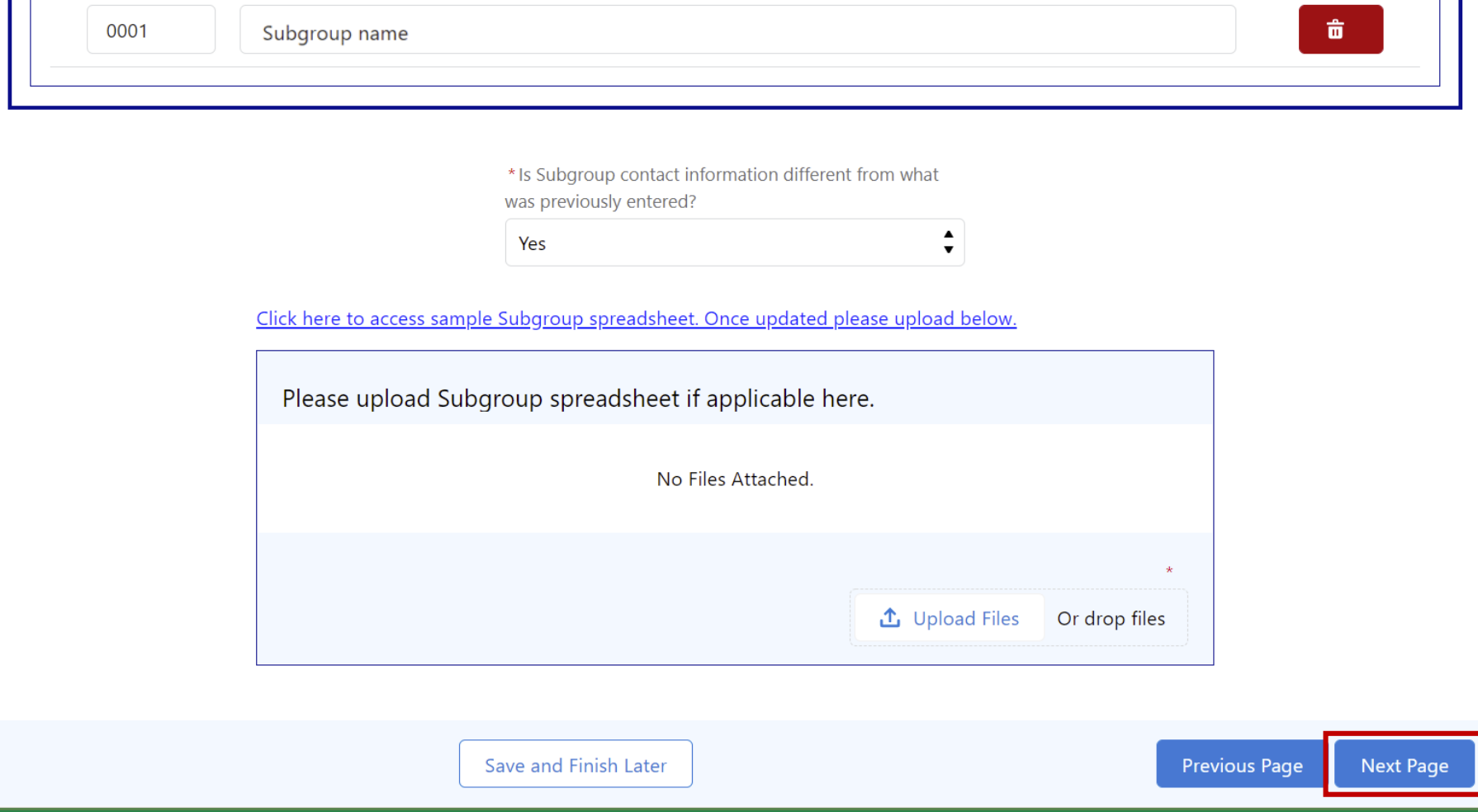
24. If needed, add a subgroup with the green “Add” button or delete a subgroup with the red trash can button



25. Indicate if the subgroups have different contact information (address, etc) than the group



26. If the subgroups have different contact information, upload a subgroup spreadsheet that includes contact and other information by subgroup



27. Once complete, click “Next Page” to move to the next page

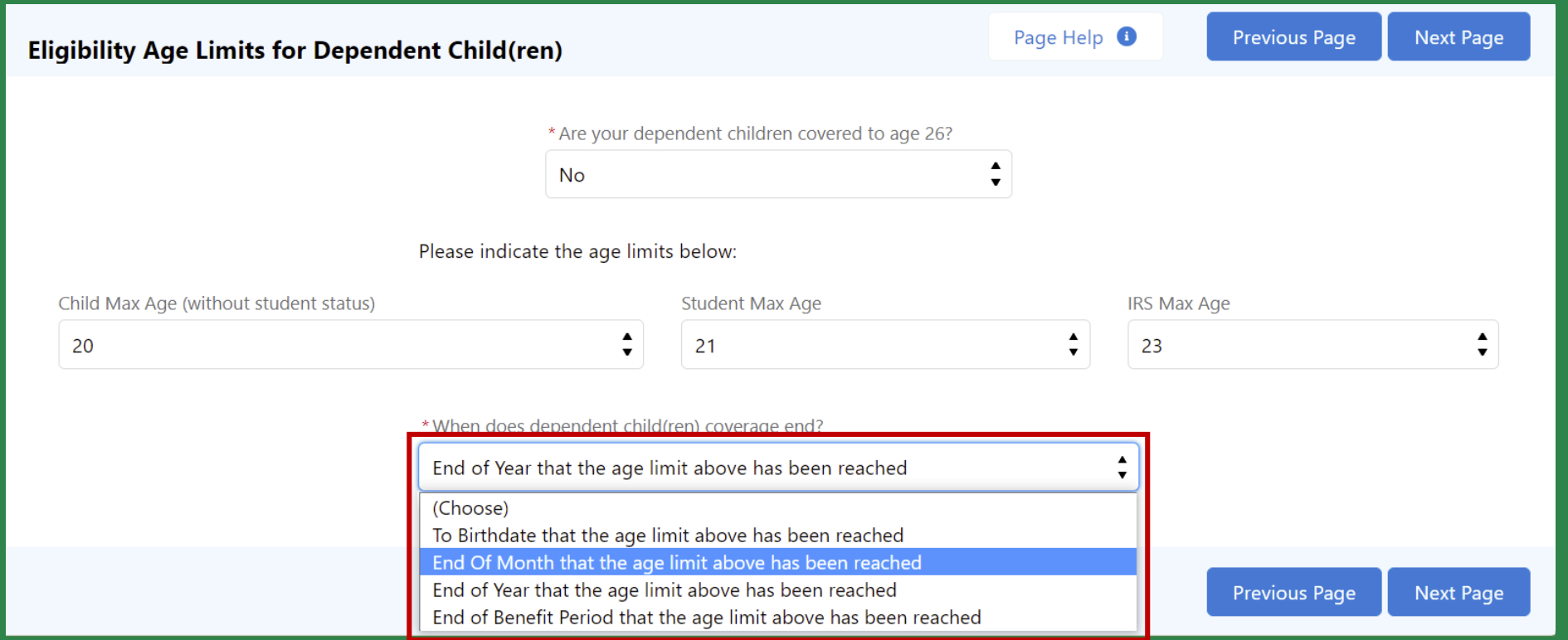
28. Indicate if dependent children are covered to age 26

29. If dependent children are covered to age 26, select when coverage ends

30. If dependent children are not covered to age 26, indicate ages for each dependent

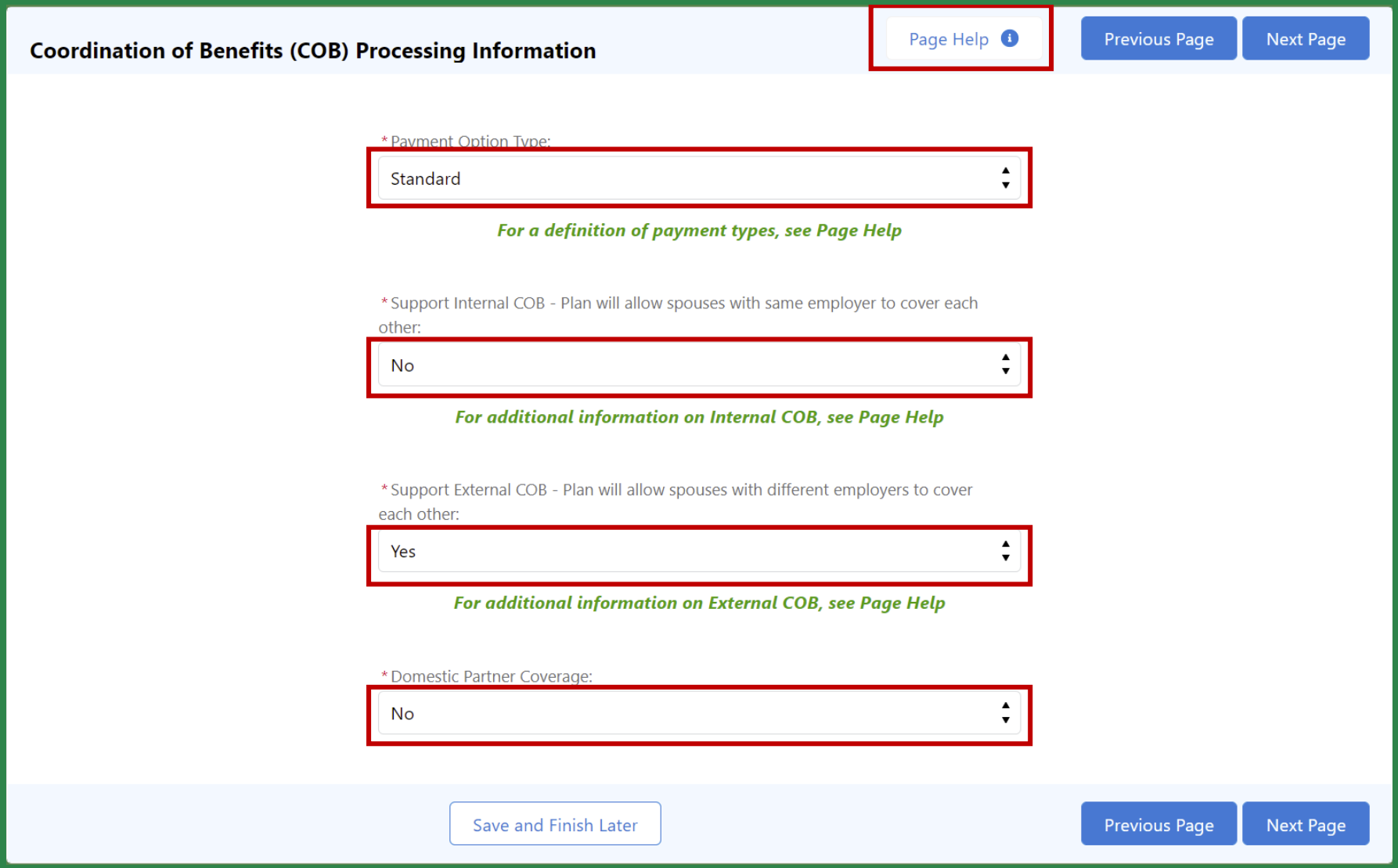
31. The age limits are selected from each drop down. The Child Max Age selected should be lower than the student max age, which should be lower than the IRS max age

32. Once age limits have been indicated, select when coverage ends



33. Select one of the coverage end options from the drop down list

34. Once complete, click “Next Page” to move to the next page



35. Complete all fields. See the Page Help for a definition of COB terms

PAGE HELP

Please fill out each field to the best of your ability. You will not be able to move forward until you have completed each required field. Defaults have been selected for the most common answer, but you may change any selection on the defaulted field. Please contact your Sales Rep if you have any questions throughout the process.

Coordination of Benefits (COB) is a procedure for paying health care expenses when people are covered by more than one plan. The goal of COB is to make sure the combined payments of the plan do not exceed the amount of your actual bills.

- ***This is internal COB "No" definition: Coordination of Benefits*** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

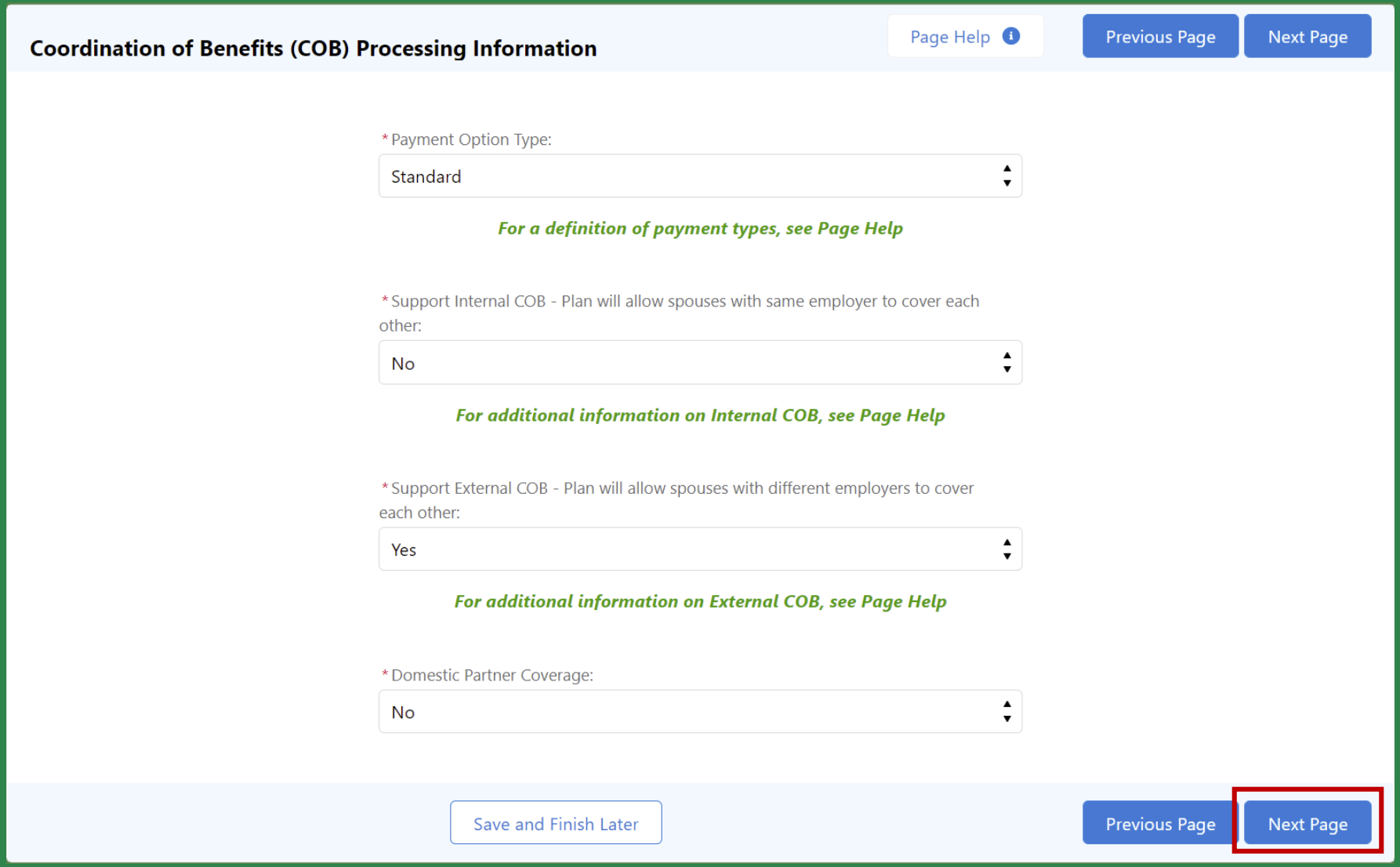
- ***This is internal COB "Yes" definition: Coordination of Benefits*** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your dependent Children may be enrolled on both you and your Spouse's application as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Support External COB: Plan will allow spouses with different employers can cover each other.

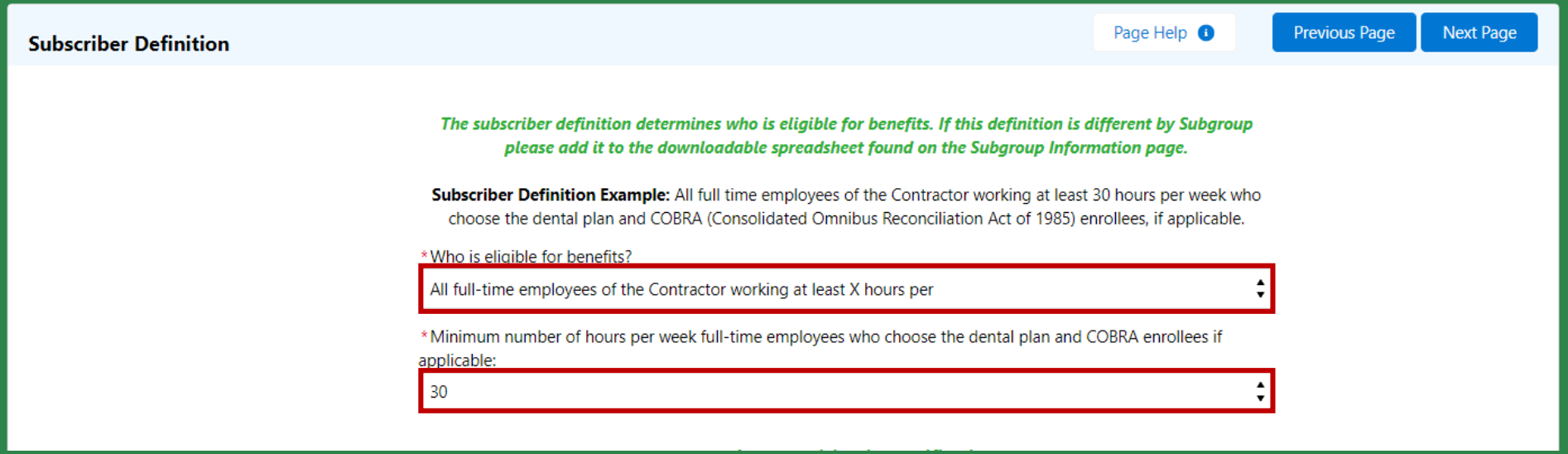
Payment Option Types definitions:

Close

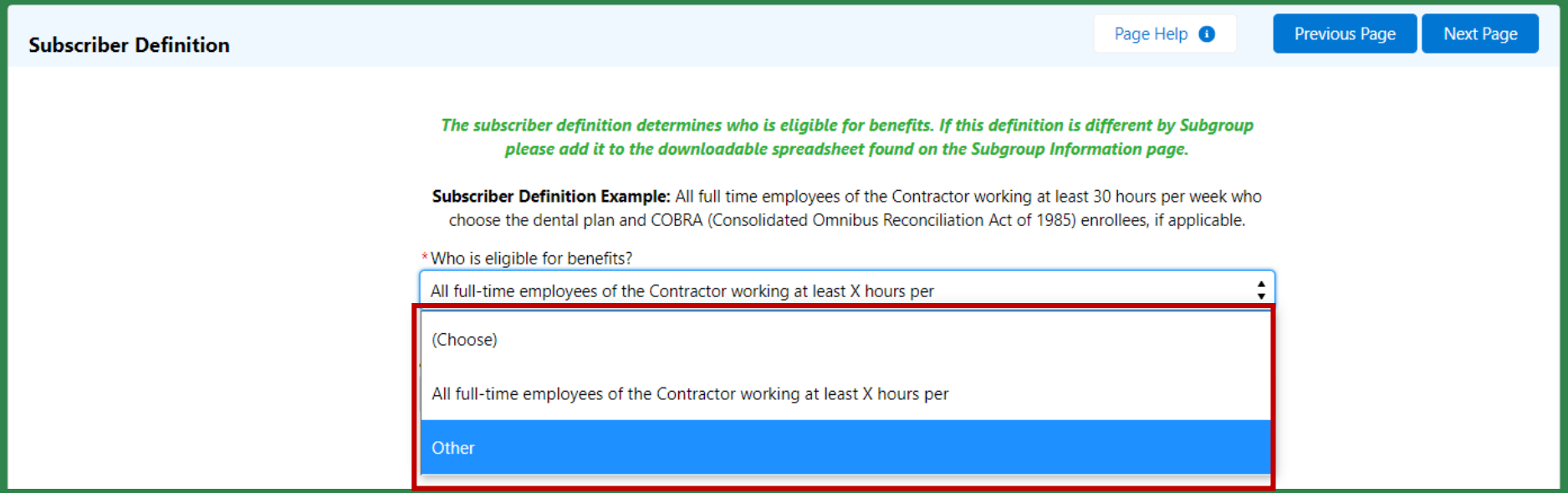
36. The Page Help section has definitions of COB terms. Click “Close” to return to the form



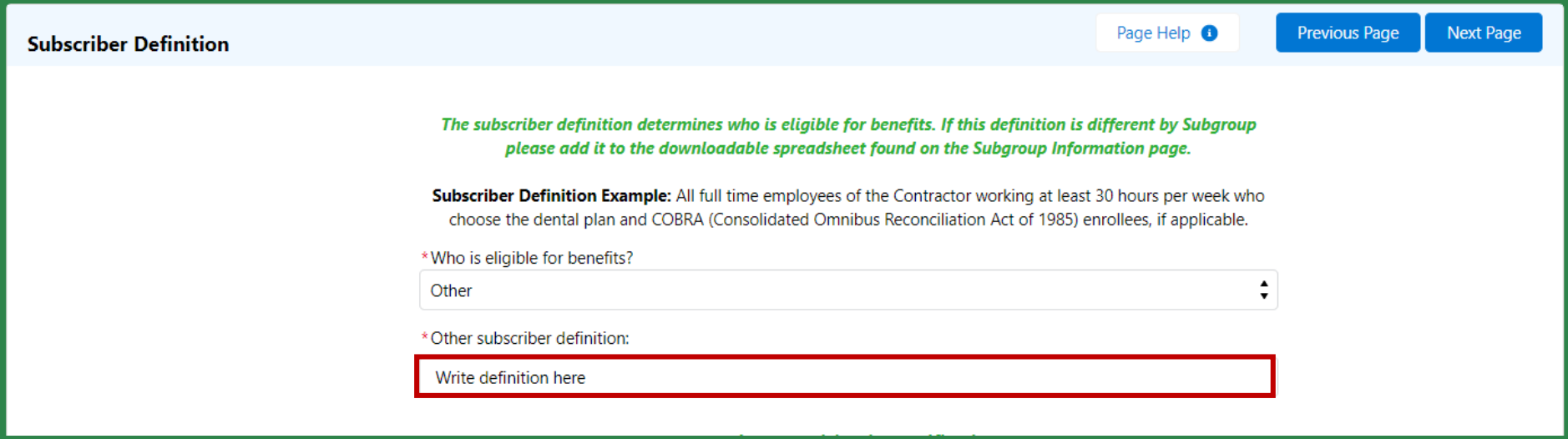
37. Once complete, click “Next Page” to move to the next page



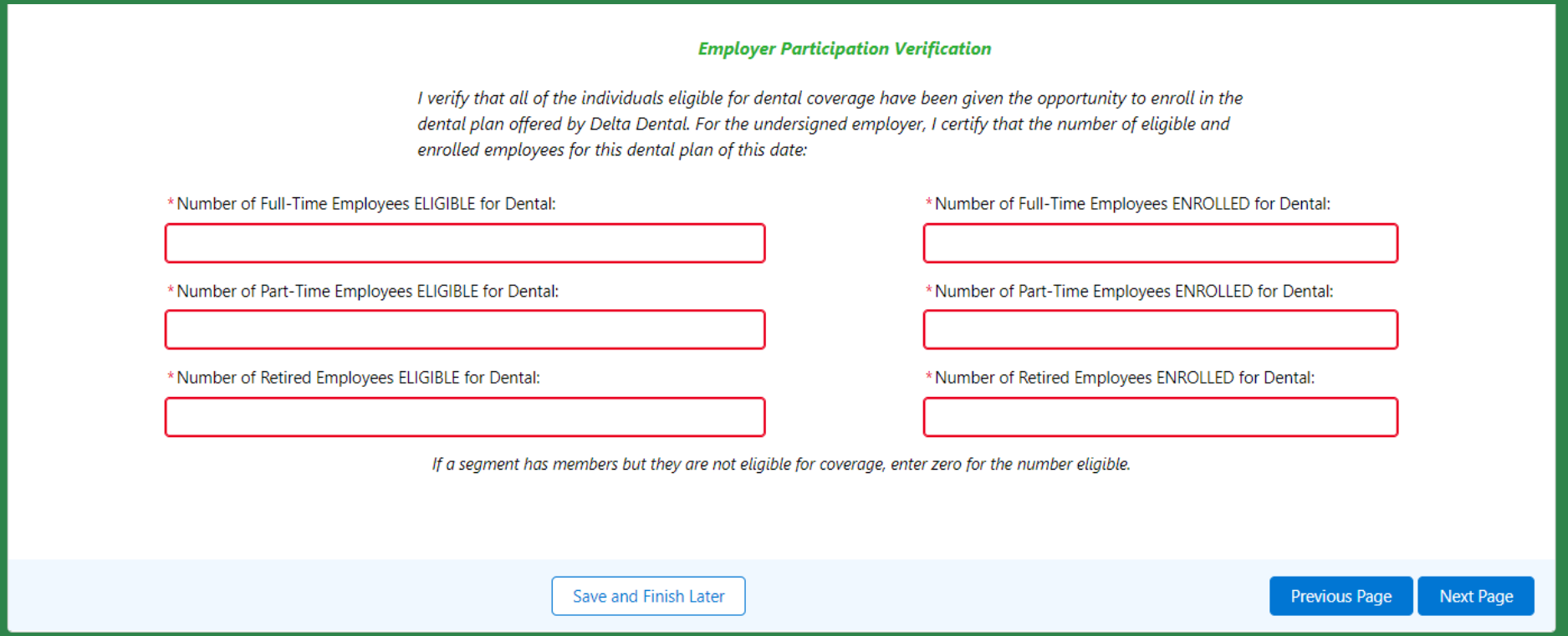
38. Indicate who is eligible for benefits and the minimum number of hours per week needed for full-time employees to enroll in dental benefits



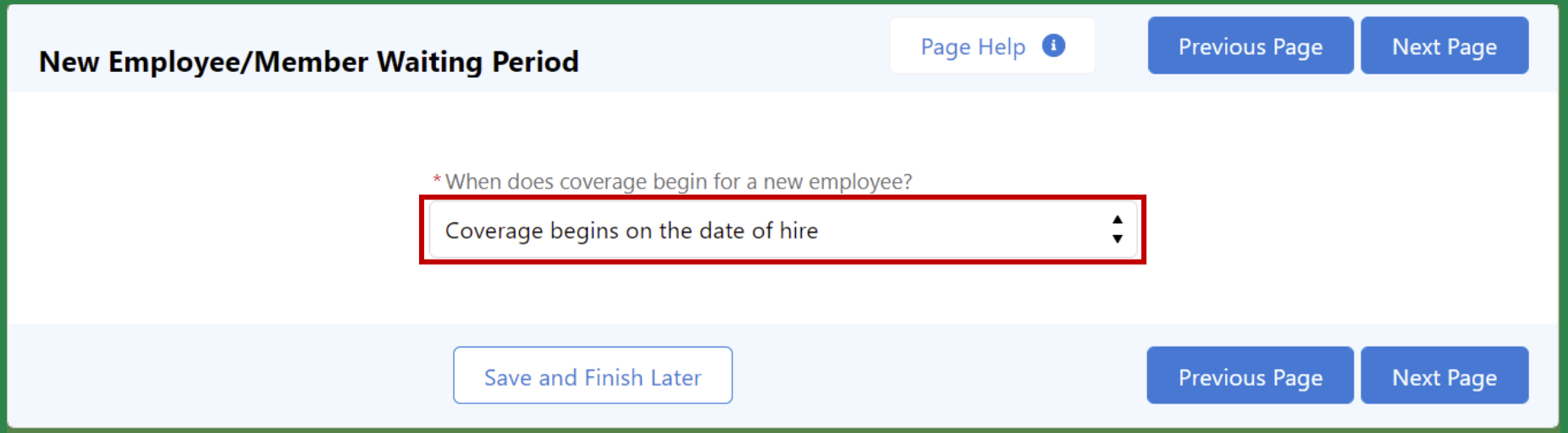
39. If you need to create your own definition, select “Other”



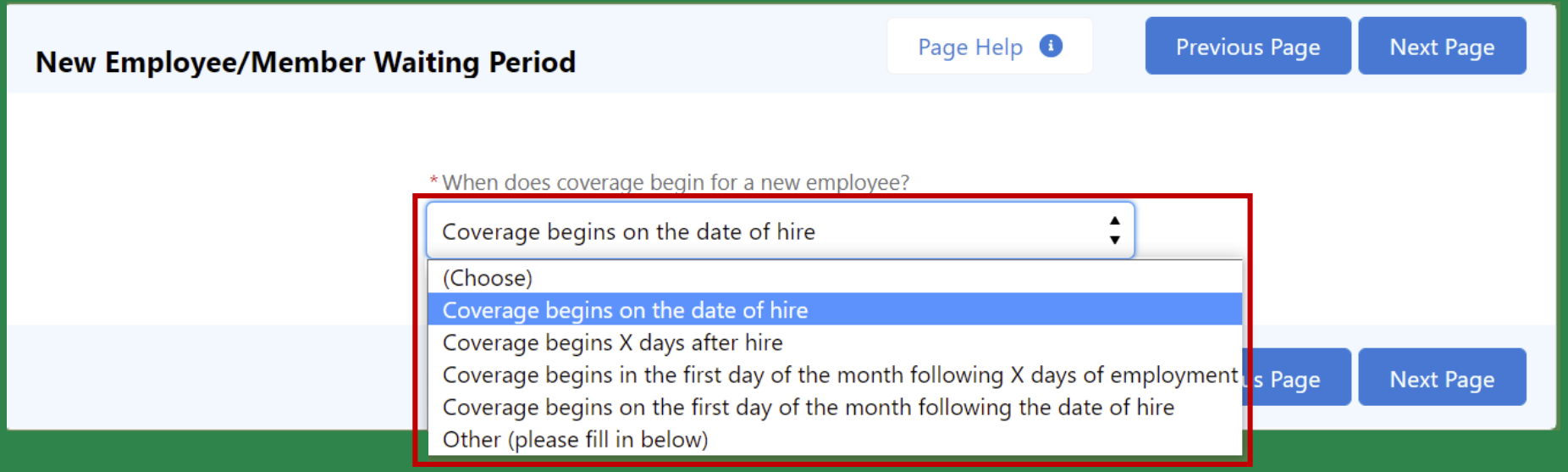
40. Write in the group's desired subscriber definition in the other box



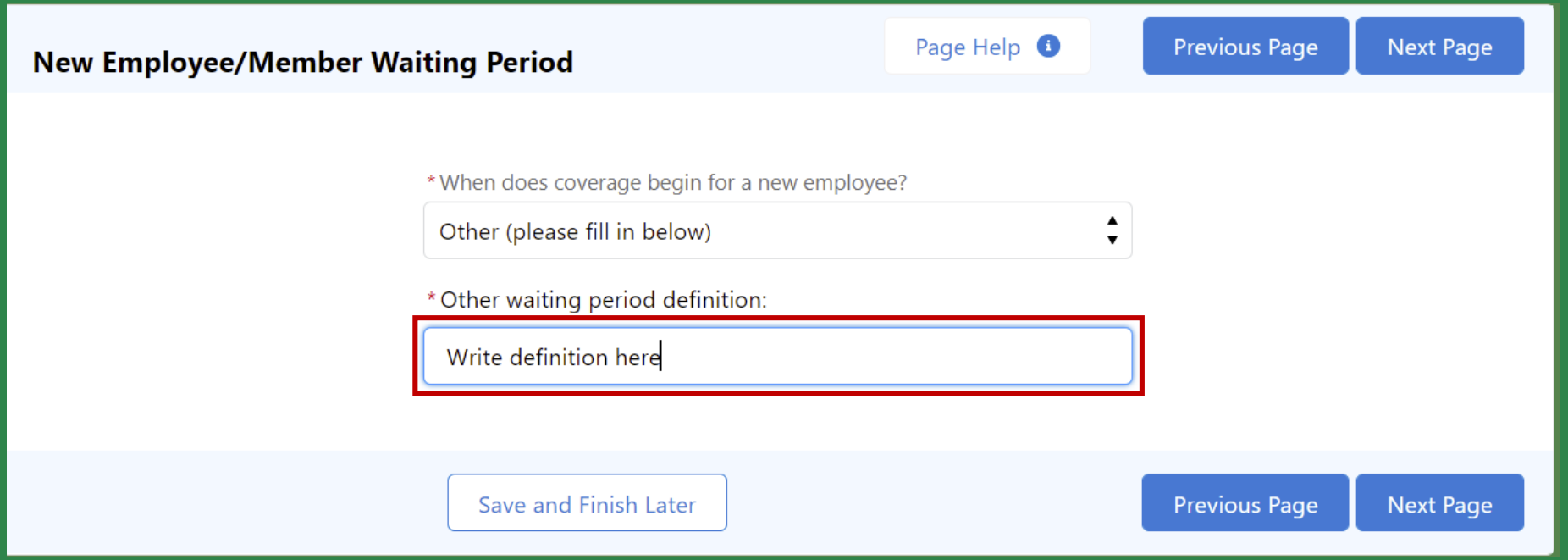
41. Review the Employer Participation Verification section and input the number of employees (full time, part-time, and retired) eligible and enrolled for Dental. Once complete, click “Next Page”



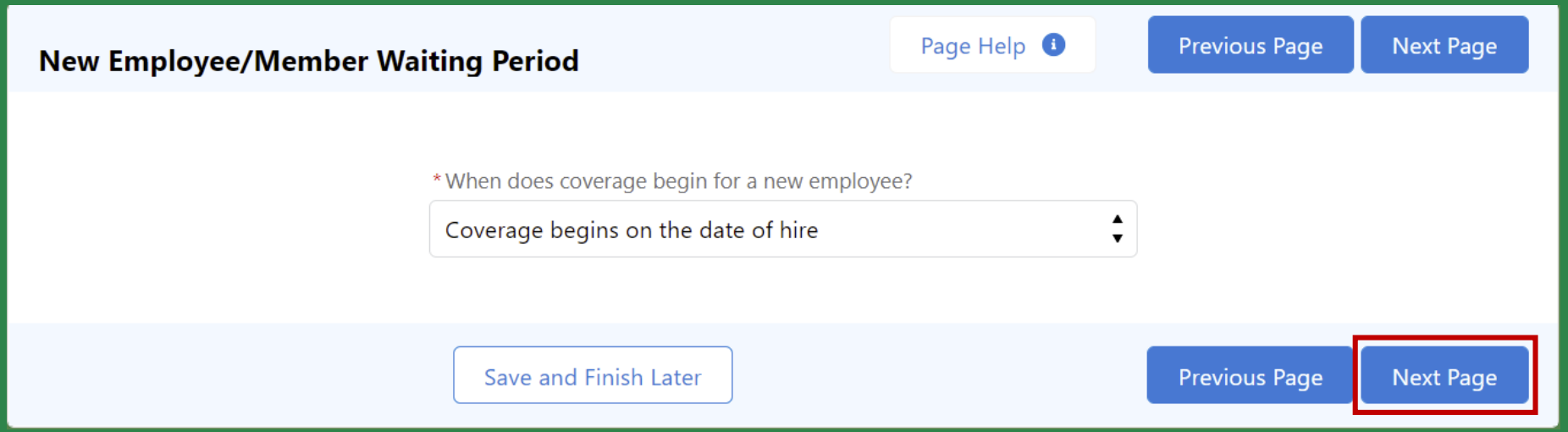
42. Indicate when coverage begins for a new employee



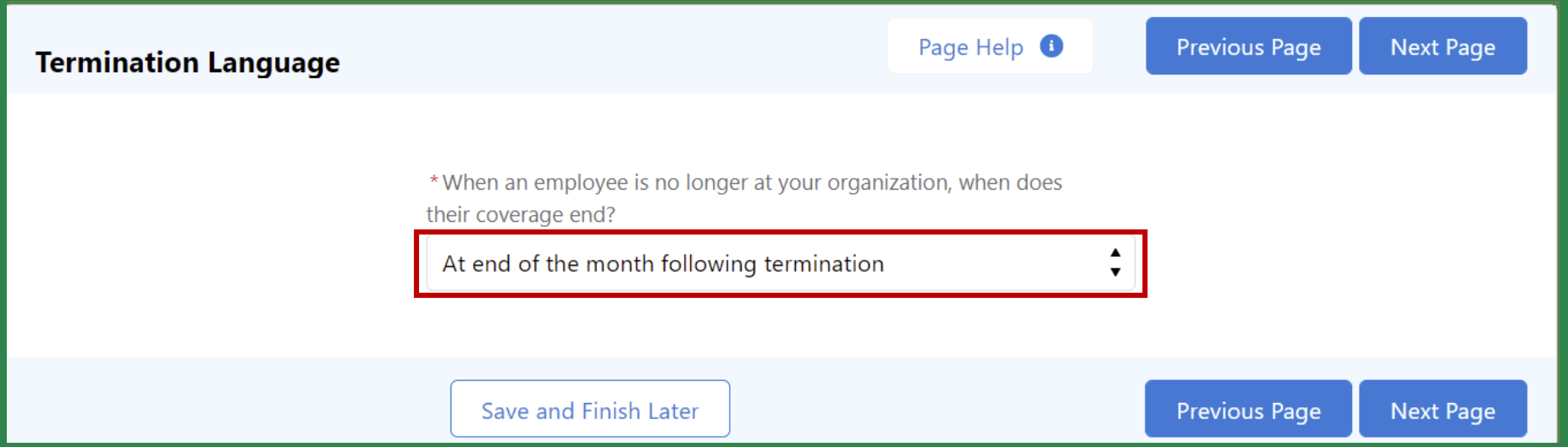
43. Select an option from the drop down or pick Other to add your own definition



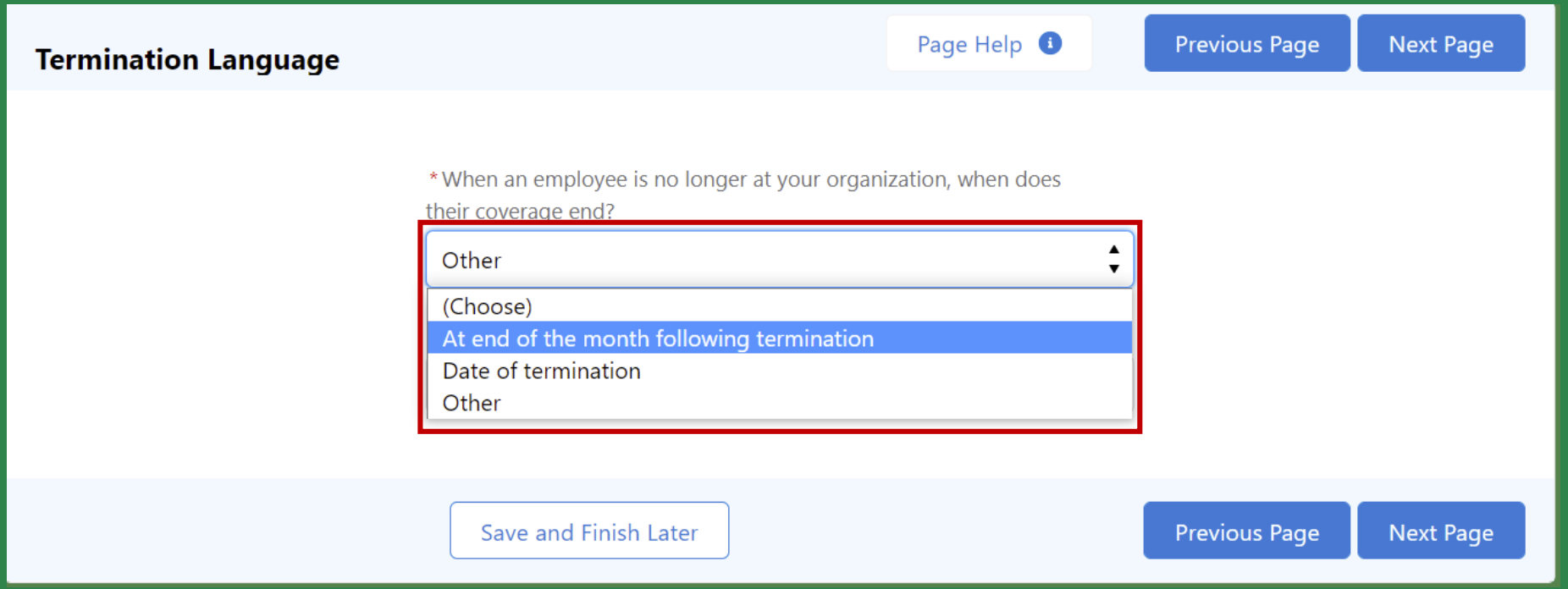
44. If other, write a definition in the other box



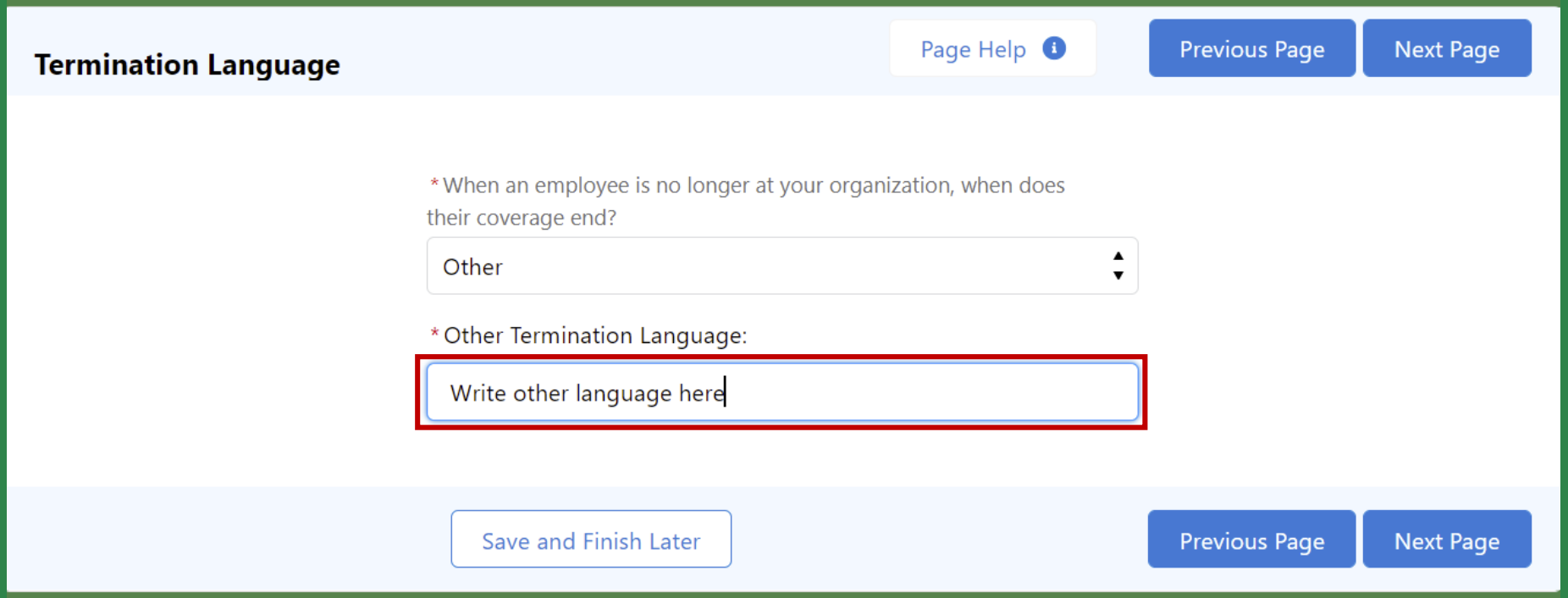
45. Once complete, click “Next Page” to move to the next page



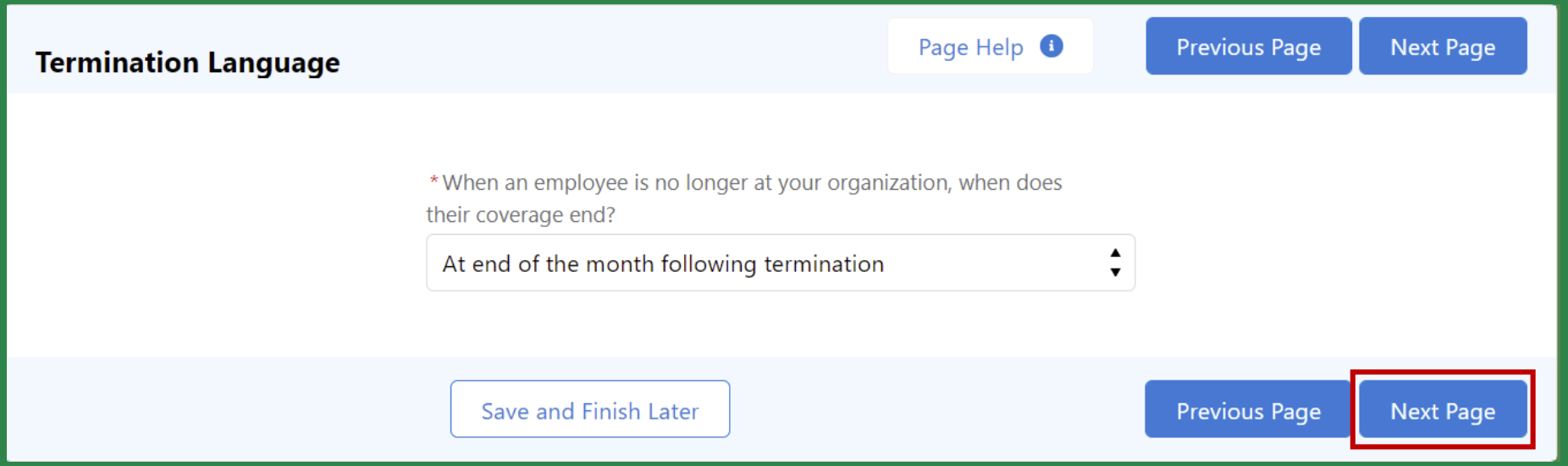
46. Indicate when coverage ends when an employee is no longer with your organization



47. Select an option from the drop down or pick “Other” to add your own definition



48. If other, write in your own termination language



49. Once complete, click “Next Page” to move to the next page

Delta Dental's - New Group Process

Group Information Form (eGIF)

HIPAA Group Plan Certification

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The [Client Name Goes Here] Group Health Plan ("Plan", through its fiduciary, does hereby certify to the following:

1. That the Plan is a "group health plan" within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
2. That the Plan documents you distribute to employees informing them about their benefits or the Plan documents you are legally required to maintain for your employee benefits plans have been amended, as required by 45 CFR 164.504(f) of HIPAA, to incorporate the following provisions and you, as the Plan Sponsor, agreed to:
   a. Not use or further disclose health information protected under HIPAA ("PHI") other than as permitted or required by the plan documents or as required by law;
   b. Ensure that any agents, including subcontractors, to whom you provide PHI agree to the same restrictions and conditions that apply to you with respect to such information;
   c. Not use or disclose PHI for employment-related actions and decisions;
   d. Not use or disclose PHI in connection with any other benefit or employee benefit plan;
   e. Report to Plan's designee any PHI use or disclosure that you become aware of that is inconsistent with the uses or disclosures provided for;
   f. Make PHI available to an individual based on HIPAA's access requirements;
   g. Make PHI available for amendment and incorporate any PHI amendments based on HIPAA's amendment requirements;
   h. Make available the information required to provide and accounting of disclosures;
   i. Make internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services to determine the Plan's compliance with HIPAA;
   j. Ensure the adequate separation between the Plan and the Plan Sponsor is established as required by HIPAA (45 CFR 164.504(f)(2)(iii); and
   k. If feasible, return or destroy all PHI received from Plan that you, as Plan Sponsor, still maintain any form and retain no copies of such PHI when no longer needed for the specific disclosure purpose. If return or destruction is not feasible, you will limit further uses and disclosures to those purposes that make the return destruction infeasible.

3. The undersigned further certifies that he or she has the authority to sign on behalf of the Plan.

Accept

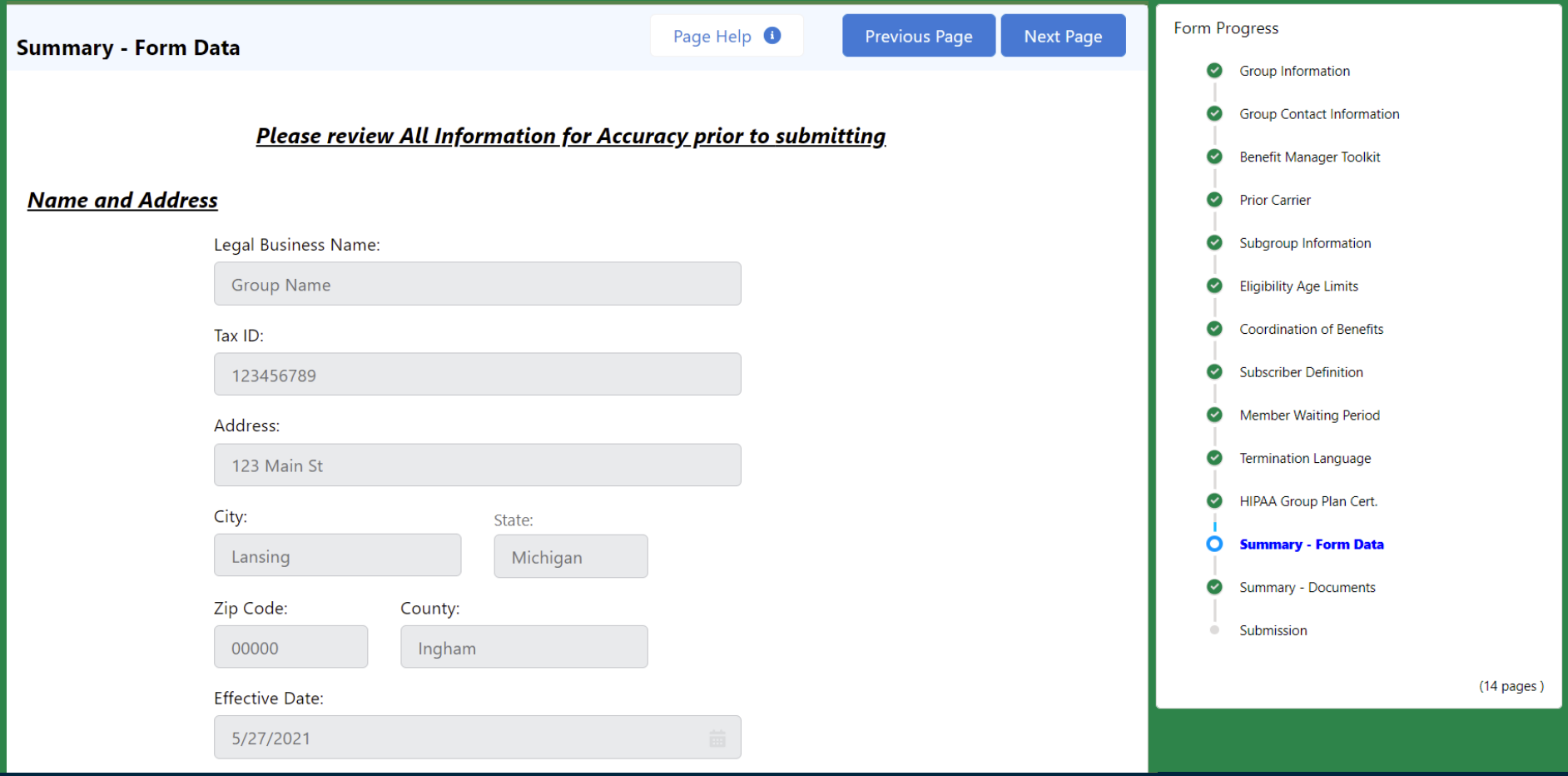
Printed Name of Plan Fiduciary Representative:

Test

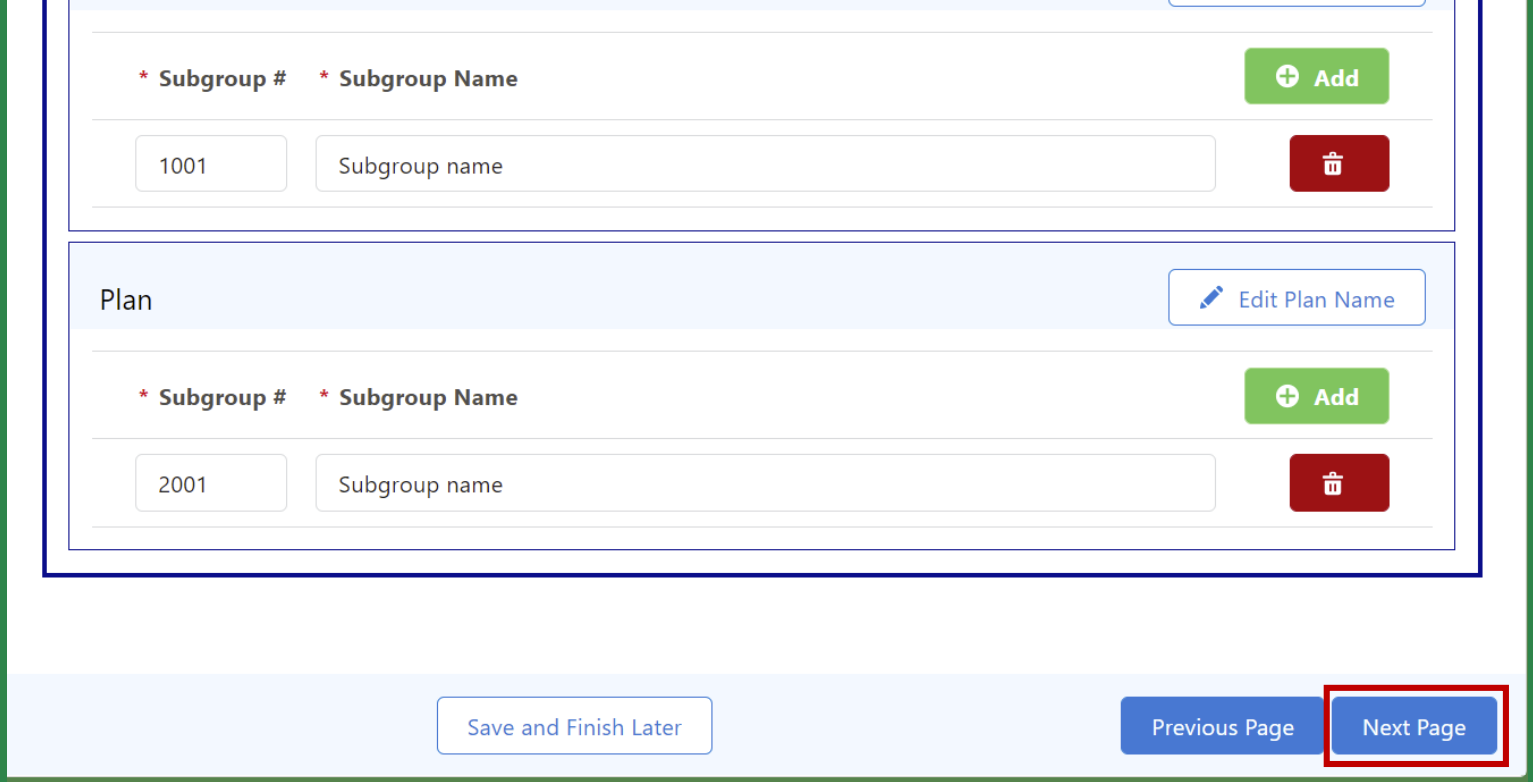
The field above does not qualify as an electronic signature; a signature form must be downloaded, signed, and uploaded below.

Click here to download Signature Form. Once signed please click the attach file button below to complete the HIPAA Group Plan Certification.

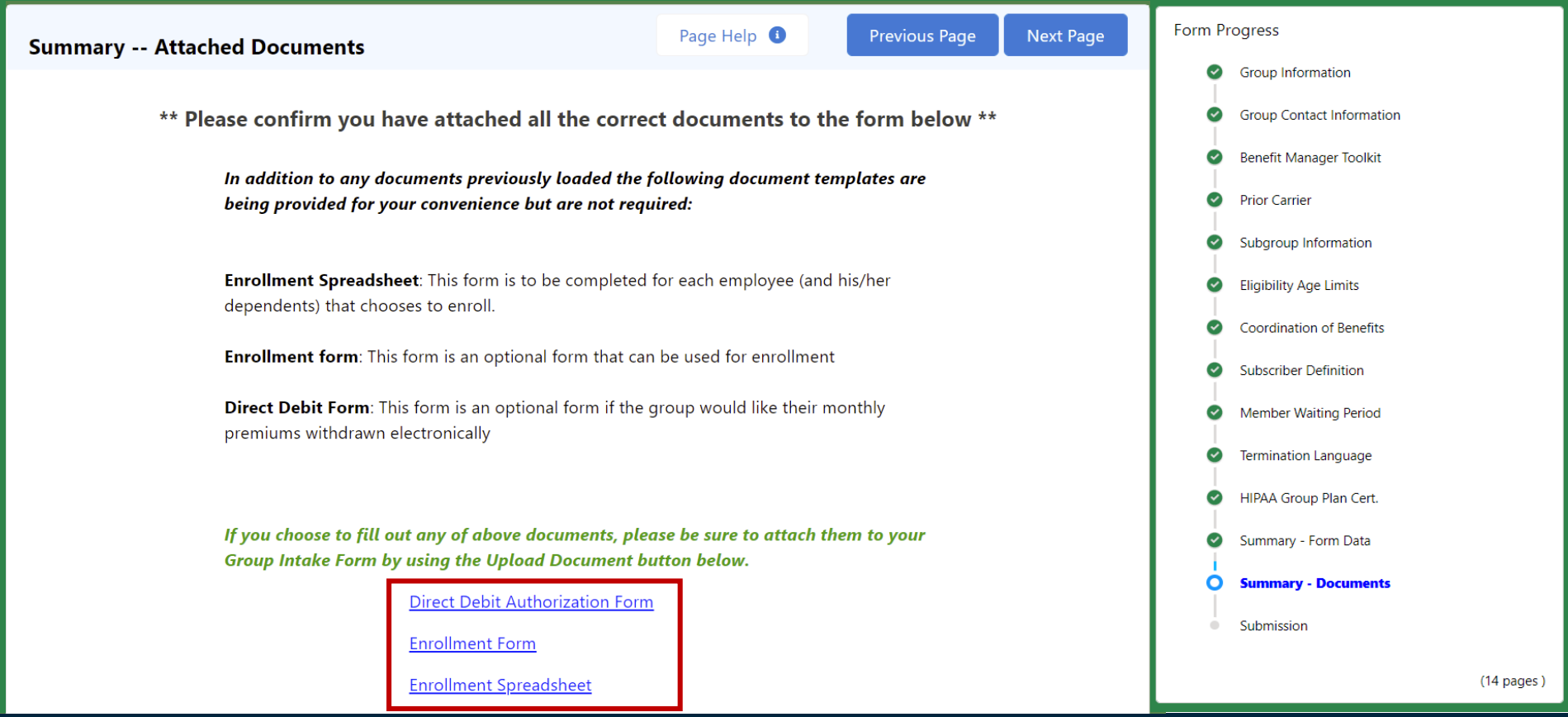
50. Note for a Risk Group you will need to accept or reject HIPAA agreement. If accepted t, you must download, sign, and upload the form.



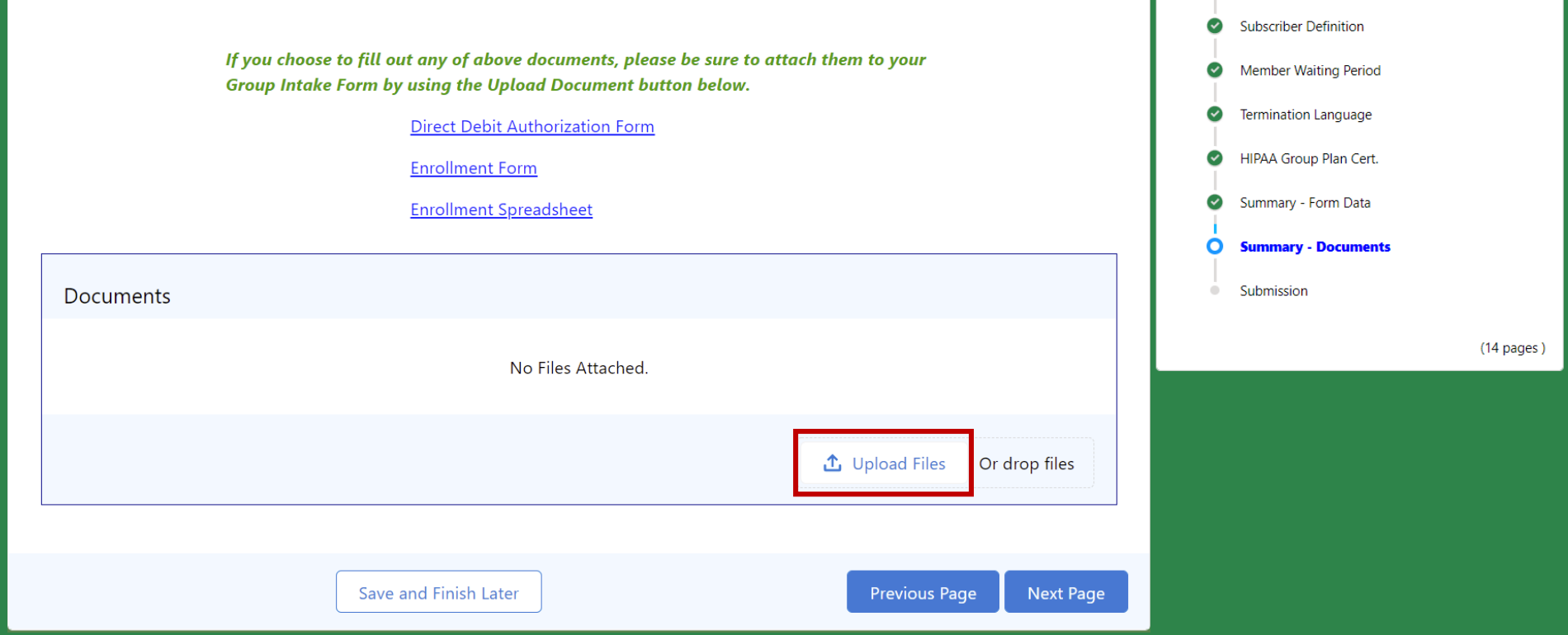
51. Once you have completed all pages, review the information on the Summary page. You can edit some information from this page, or move back to a previous page to make updates



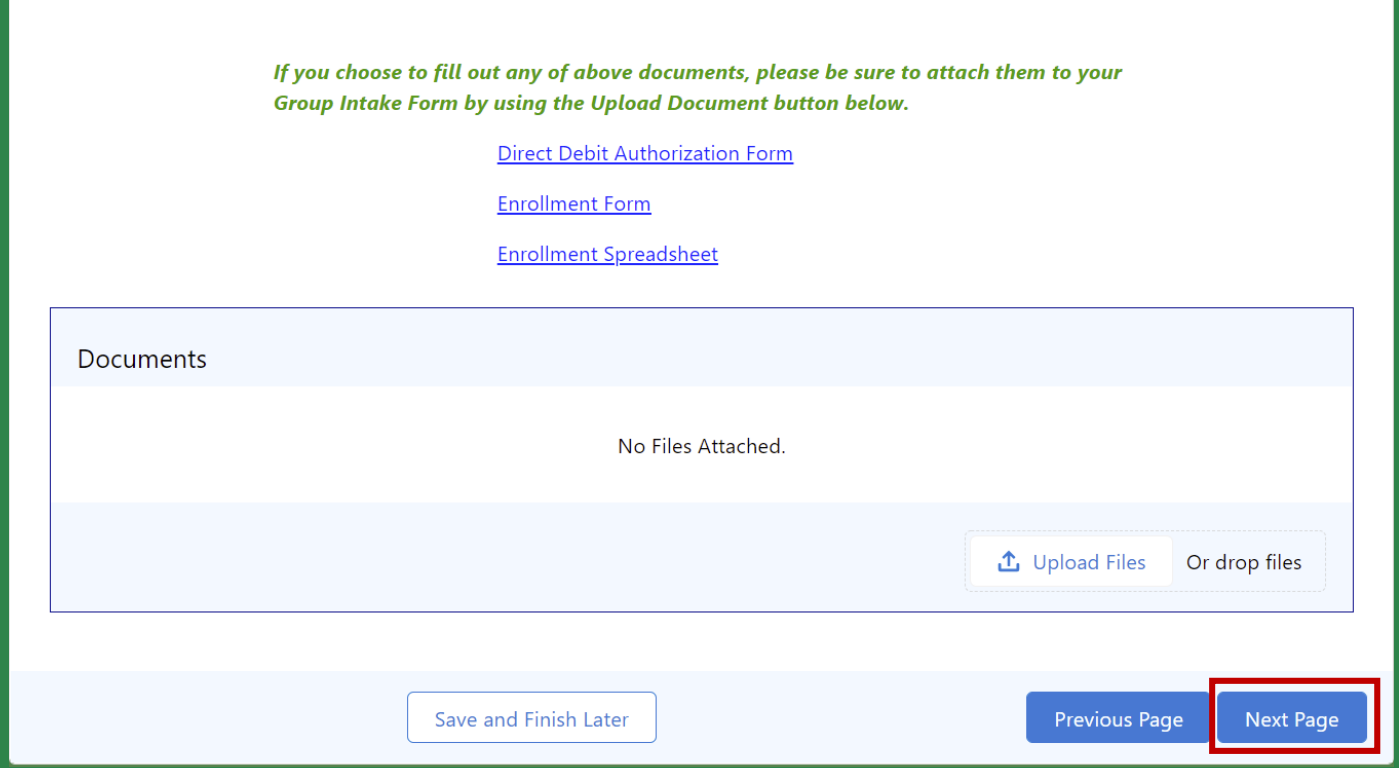
52. Once complete, click “Next Page” to move to the next page



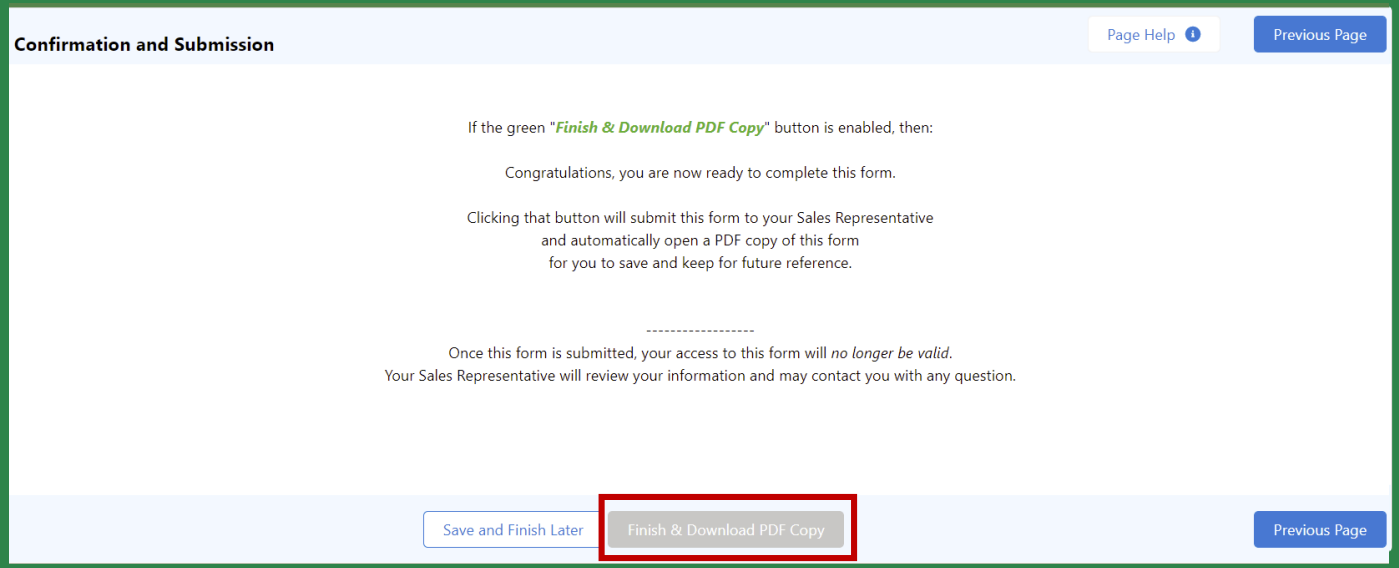
53. After all information has been reviewed, attach any documents that need to be included with your Group Information Form. Optional documents are available to be downloaded from this page

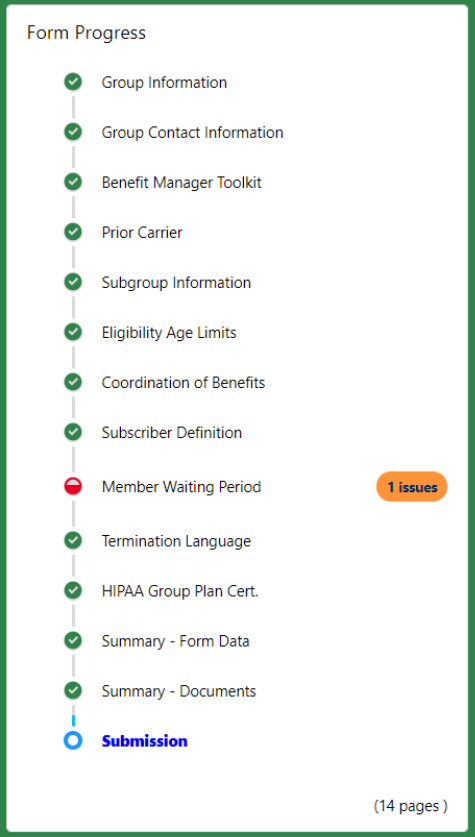


54. Upload documents that need to be included with your Group Information Form

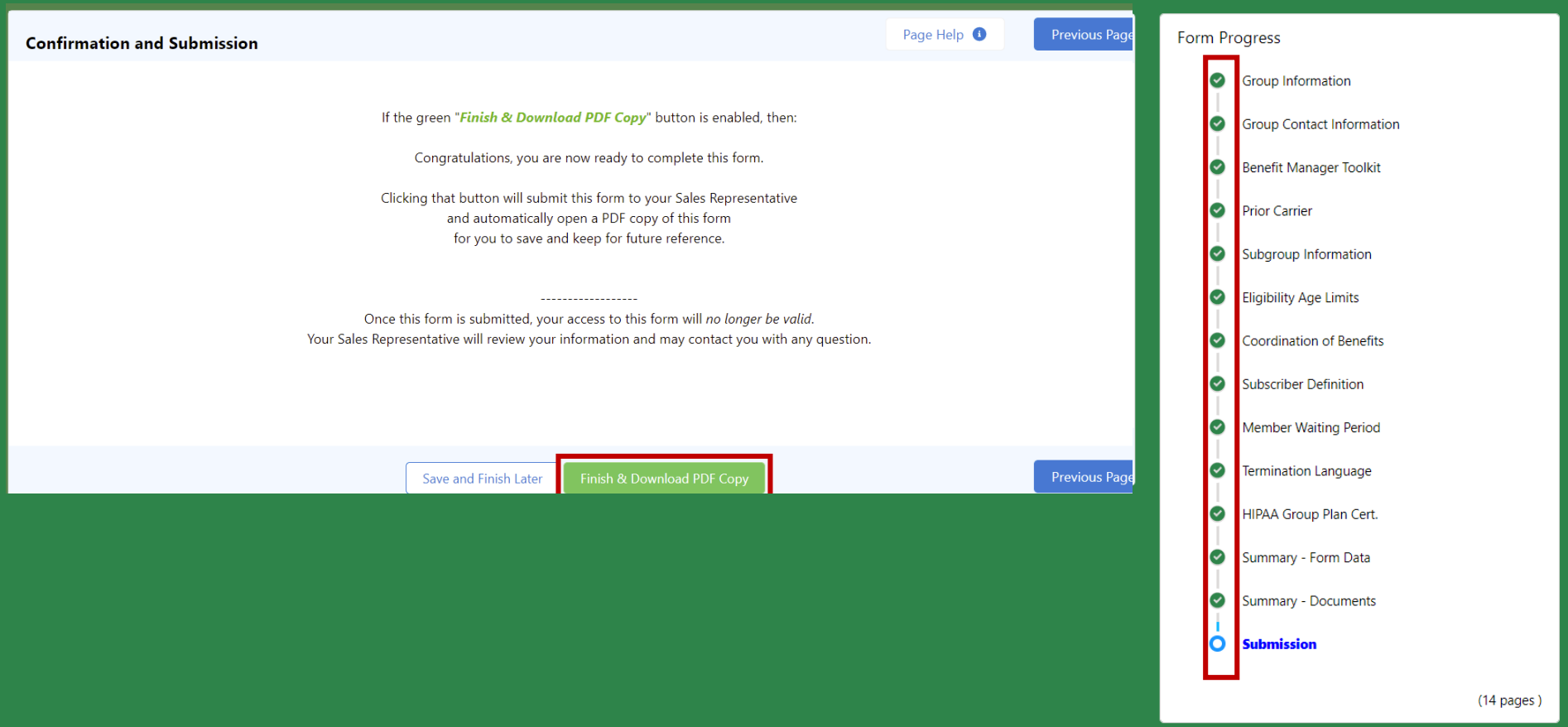


55. Once complete, click “Next Page” to move to the next page

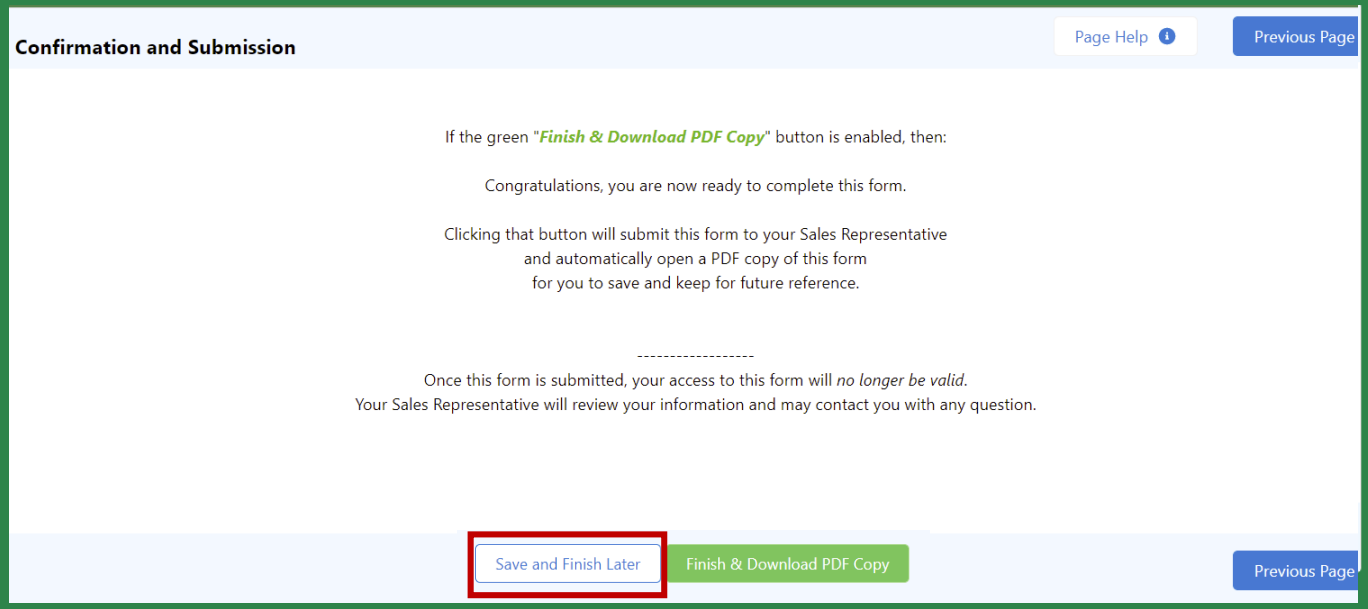


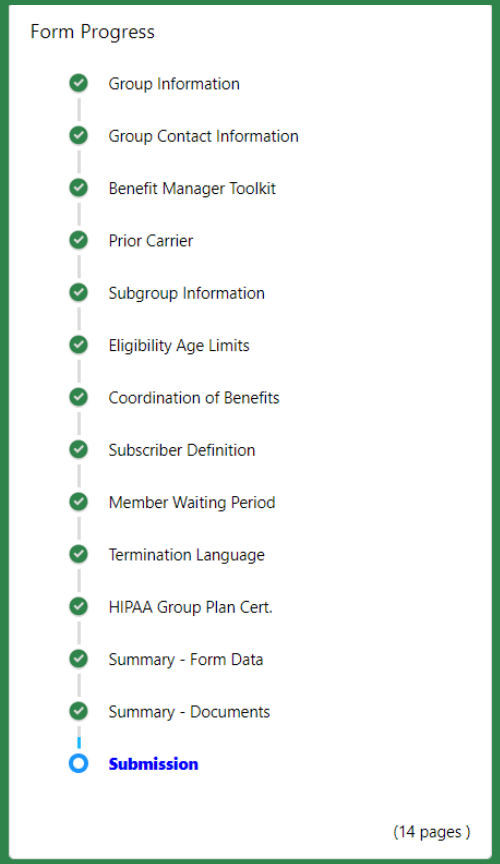


56. If the “Finish & Download PDF Copy” button is gray, go back to the page with an issue to compete it

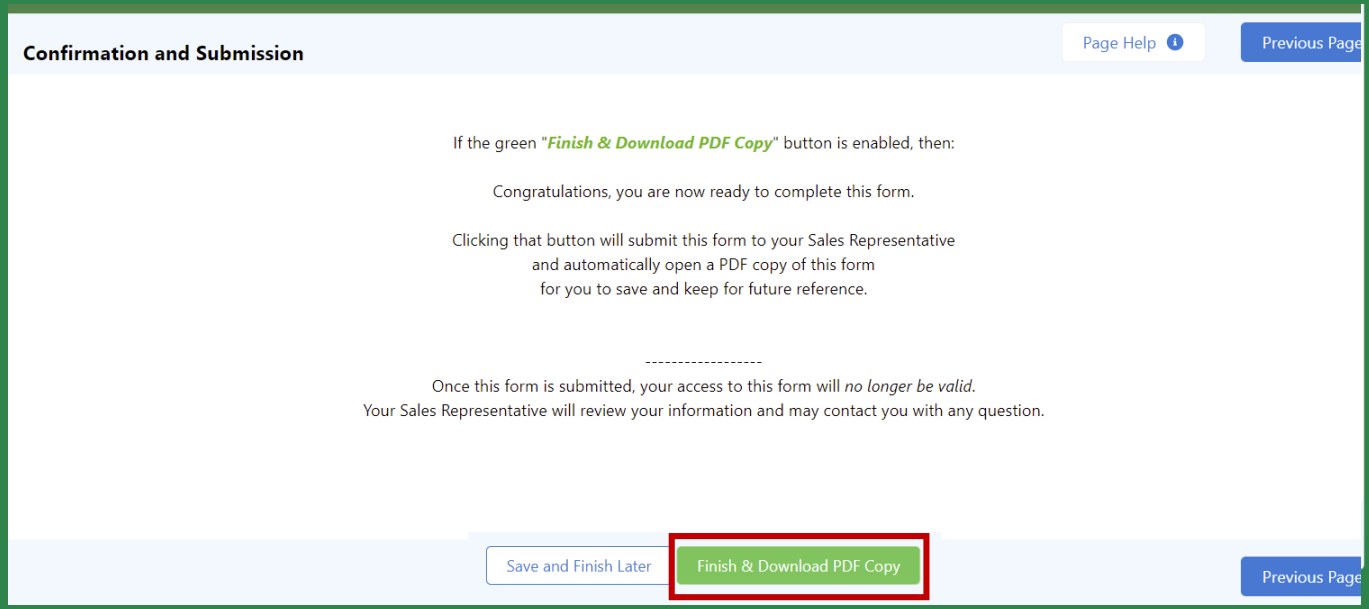


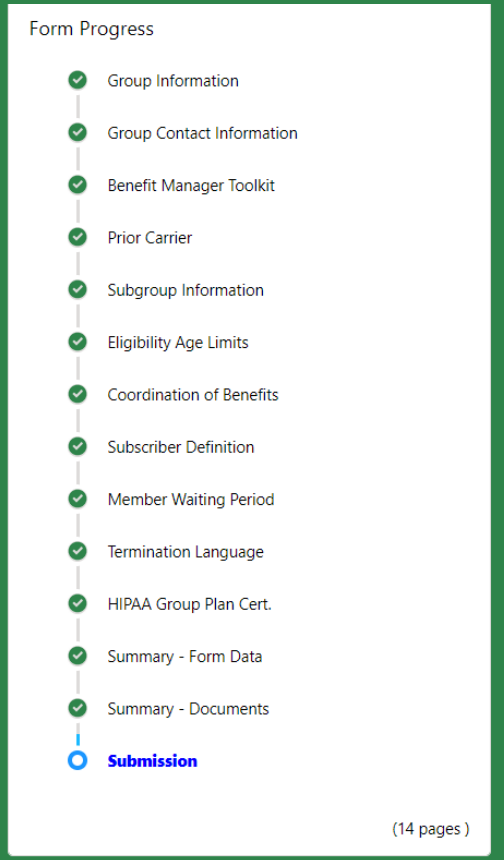
57. Once all pages have been completed, the “Finish & Download PDF Copy” is green, and you have all green checks on the right-hand menu, you are ready to submit



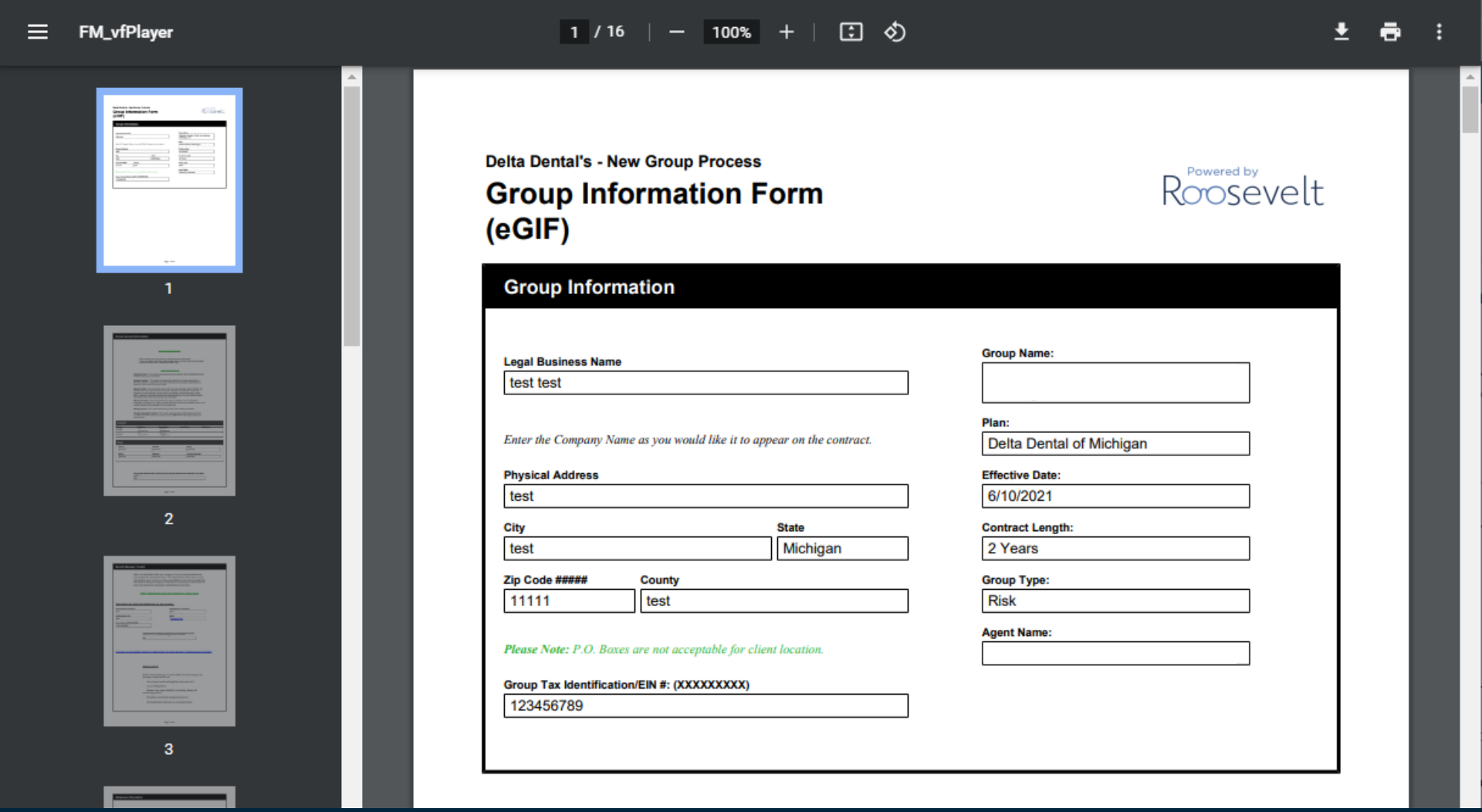


58. If you are not ready to submit, use the “Save and Finish Later” button to save all of your information. You can return to the form at any time using the same link





59. Once you are ready to submit, click “Finish & Download PDF copy” to submit the form



60. You have submitted the Group Information Form. You can now download a PDF of the form for your records. Reach out to your Sales Rep is you have any questions.