

**NORTHEAST DELTA DENTAL
ADMIN PORTAL GROUP AUTHORIZATION FORM**

DATE: _____

Attn: Account Services
Northeast Delta Dental
One Delta Drive, PO Box 2002
Concord, NH 03302-2002

Re: Designation of Access for Group Admin Portal

Dear Account Services:

In connection with our insured dental plan with Northeast Delta Dental, please regard this letter as the designation to access the Group Admin Portal on behalf of: _____

Group Name

You are hereby authorized to provide the following designated employees(s) with the specific type of access*:

***Indicate the type access next to the employee name**

- GA-R= Group Administrator – Read only, this is a basic user with no claims access

- GA-R&W=Group Administrator – Read and Write, this is a power user with no claims access

This designation and authorization shall remain valid, and may be used and relied upon by Northeast Delta Dental, until expressly revoked, in writing, or by an authorized representative of

Group Name

Sincerely,

SIGNED: _____

NAME (printed): _____

TITLE: _____

Its duly authorized representative