

1. Access our website at www.deltadentalins.com. From the Online Services box, click **Register Today** (next to the Login button).

The screenshot shows a box titled "Online Services" with a light orange background. It contains a "Username:" label above a text input field, and a "Password:" label above another text input field. Below the fields are two buttons: "Login" and "Register Today". Underneath the buttons is a link: "Username and Password help.". At the bottom of the box, there is a section for "Health Care Marketplace (Exchange) Customers:" with a link: "Check Your Enrollment Status".

2. From the User Type dropdown, select **Enrollee/Adult Dependent**. Click **Next**.

The screenshot shows the "REGISTRATION - STEP 1 OF 3" page. It features the Delta Dental logo at the top left. The main heading is "REGISTRATION - STEP 1 OF 3". Below it, the instruction reads "Please select your user type:". There is a "User Type" label next to a dropdown menu. The dropdown menu is open, showing options: "Select:", "Provider", "Enrollee/Adult Dependent", "Facility", "Eye Care Provider", and "Broker". The "Enrollee/Adult Dependent" option is highlighted. To the right of the dropdown, there are instructions for different user types: "Benefits Administrators: Contact your Delta Dental Account Manager to register for access to online services.", "Dentists: Select Provider.", and "DeltaCare® USA Providers: Select Facility.". At the bottom left, there are "Next" and "Cancel" buttons. At the bottom right, there is a link for "HIPAA Notice of Privacy Practices | Web Site Privacy Notice" and a copyright notice "© 2006 Delta Dental".

3. Enter your first name, last name, and date of birth to complete the registration form. For the Enrollee ID box, use the six-digit crew ID number. Click **Next**.

The screenshot shows the "ENROLLEE REGISTRATION - STEP 2 OF 3" page. It features the Delta Dental logo at the top left. The main heading is "ENROLLEE REGISTRATION - STEP 2 OF 3". Below it, the instruction reads "Please enter your information in the registration form below.". There are four input fields: "First Name", "Last Name", "Enrollee ID", and "Date of Birth". Each field has a question mark icon to its right. The "Date of Birth" field is a date picker with the format "(mm/dd/yyyy)". At the bottom left, there are "Next" and "Cancel" buttons. At the bottom right, there is a link for "HIPAA Notice of Privacy Practices | Web Site Privacy Notice" and a copyright notice "© 2006 Delta Dental".

4. Create a username and password, and select and answer security questions to complete the registration process.

Please enter the following information. Your user name and password will be used to sign you on to our system. Please record this information in a secure place.

| | | |
|---------------------------|--------------------------|---|
| Username | <input type="text"/> | ? |
| Password (case-sensitive) | <input type="password"/> | ? |
| Confirm Password | <input type="password"/> | ? |
| E-mail Address | <input type="text"/> | ? |
| Street Address #1 | <input type="text"/> | ? |
| Street Address #2 | <input type="text"/> | ? |
| City | <input type="text"/> | ? |
| State/Province | <input type="text"/> | ? |
| ZIP Code | <input type="text"/> | ? |
| Country | <input type="text"/> | ? |

Create **username** and **password** for online services. Enter a valid **e-mail address** for username and password retrievals in the future.

5. Click **Continue** to log on with the username and password you just created to view enrollment, benefits, and claims information.



REGISTRATION SUCCESSFUL

You have been successfully registered and may now sign on to the system with your username and password.

Continue