



Prepaid Dental

PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- ☐ Application for Group Coverage (Employer Application).
- ☐ Employee Enrollment Forms - submit one enrollment form per enrollee.
- ☐ First Month's premium Check made payable to California Dental Network.
- ☐ Prior Carrier Invoice and Prior Carrier Benefit Summary, if applicable.
- ☐ Copy of Quote or Copy of Rates used to Sell Case.

After approval, prior carrier termination letter must be submitted by the employer or broker.