



**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:

- ☐ A check for the first month's premium made payable to "Delta Dental" or a **completed ACH form**.
- ☐ Group Application.
- ☐ Each eligible employee needs an Employee Enrollment/Change form or Enrollment List Form.
- ☐ If employer contributes 100% of the cost, all eligible employees must enroll.
- ☐ If enrolling less than 5 use 2-4 rates.
- ☐ Dual Choice PPO and DeltaCare USA: Minimum of 2 enrolled in each plan. When enrolling less than 5 in PPO, use the 2-4 rates. Minimum of five primary enrollees in PPO for orthodontic coverage. Employer contribution percentage must be identical for both plans.
- ☐ Adult ortho is available with 25+ enrolled employees for employer paid groups and 50+ for voluntary groups.
- ☐ Child ortho is available with 5+ enrolled employees for employer paid and voluntary groups.
- ☐ Endodontics, Periodontics, Orthodontics, Oral Surgery and Major services are subject to a 12 month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.
- ☐ Dependents are eligible up to age 26.

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