

**DENTAL/VISION**

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:

- ☐ **Employer Enrollment Form** - Employer must also sign the Association and Trust Membership Agreement located on the back of the form.
- ☐ **Employee Enrollment Form or Group Enrollment Roster** - Include refusal of coverage section.
- ☐ **Dependent coverage for domestic partners** - If the employer elects coverage for domestic partners, please include a letter from the employer.
If the employee chooses to insure a domestic partner as a dependent, an Affidavit of Domestic Partnership must also be submitted with the employee enrollment form.
- ☐ **Payroll** - Required for all group sizes if company is a spin-off.
- ☐ **Eligible Owners and Partners** - Indicate the names of the eligible owners or partners who do not appear on the quarterly wage report and provide owner/partners statements.
- ☐ **Quarterly Wage Report** - No wage report is needed for groups of 5 or more enrolling. For groups of less than 5 enrolling - Indicate on the quarterly wage report which employees are:
 - FT - Full-time
 - PT - Part-time
 - S - Seasonal
 - IE - Ineligible
 - WP - Waiting for coverage
 - W - Waiving coverage
- ☐ **Proof of Prior Coverage** - Submit the most recent invoice indicating the original effective date of coverage.
- ☐ **Benefit Representative Statement** - Located on the back of the employer enrollment form.
- ☐ **Employer Check** - Made payable to BEST Life and Health Insurance Company for the first month's estimated cost.
- ☐ **Copy of Dental Proposal**
- ☐ **There is a \$20 monthly administration fee for groups with less than 6 employees enrolling for dental.**
- ☐ Agent Appointment Form & copy of license (if applicable).

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

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding BEST Life's SBCs, contact your Word & Brown representative.