

SUBMISSION CHECKLIST



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:

Selling Group Dental from the Brochure	
	Completed Master Application signed by employer and agent
	Group Plan Selection Form
	An enrollment form completed and signed by each person enrolling (minimum of 3 enrolled lives)
	A check for the first month premium payable to Ameritas
	Please note: A \$10 monthly administration fee will apply. The fee is waived if the group elects to pay by electronic funds
	transfer and accepts online billing.
Su	bmitting a Group with "Takeover" Benefits
	All of the above plus a copy of the prior carrier's benefits
	Copy of the takeover quote, if quoted
Documentation Requirements	
	Group Master Application** (signed by agent & officer of group)
	Group Plan Selection Form**
	Enrollment information completed for each enrollee
	Waiver of coverage on back of enrollment information signed by employee when declining coverage
	A check for the first month premium
	A copy of the prior carrier's benefits* (Required for all plans)
	A copy of the quote, if applicable
*	Only required when selling "takeover."
**	When submitting new business online, simply retain signed copies of the Master Application and Group Plan Selection Form for your records.

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

Nevada | 800.606.4996 wordandbrown.com