



Delta Dental PPO

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:

- ☐ Group Application.
- ☐ Each eligible employee needs an Employee Enrollment/Change form or Enrollment List Form.
- ☐ Employee waiver required.
- ☐ Waiving employees or dependents are not eligible for enrollment after initial enrollment unless qualifying event occurs if employer contribution is 100%.
- ☐ Most recent quarter **DE-9C** quarterly wage statement reconciled.
- ☐ A check for the first month's premium made payable to **"Delta Dental"** or ACH Form.
- ☐ Minimum of 5 employees must be enrolling (for 2-4 offerings, minimum 2 employees).
- ☐ Dual Choice is available for 10 + enrolling employees. There must be a minimum of 2 enrolled on one plan and a balance of 8 on the other (with less than 10 combined enrollees, 2-4 plans / rates apply with a minimum of 2 enrolled under each plan).
- ☐ Dual Choice Voluntary is available for 10 enrolling employees. There must be a minimum of 5 enrolled on one plan and a balance of 5 on the other (for 2-4 offerings, there must be a minimum of 2 enrolled on one plan and a balance of 2 on the other).
- ☐ Orthodontia available for 10 enrolling in PPO (25 if voluntary).
- ☐ Dependents are eligible up to age 26.
- ☐ Group contact's email address.
- ☐ If you are electing Vision and are not appointed with VSP, please include the following:
 - VSP Client/Employer Application
 - VSP Membership Enrollment Forms

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