

SUBMISSION CHECKLIST



DHMO

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:

Programme Transfer and Transfer
effective date. Employers must provide a typewritten list of covered employees, dependents and dentist selected for those enrolling.
Employer contribution.
Plans: 1000, 2000 & 3000 require a minimum of 2 enrolling.
Plans: 1000S, 2000S & 3000S require a minimum of 5 enrolling.
Overage dependents must be full time students. Please provide a copy of class schedule or transcript showing number of units they are enrolled in.
Employer's check – Please make check payable to "SmileSaver."
Agent Appointment Form, W9 and copy of license.
Dual Choice requires a minimum of 4 employees enrolling on DHMO.
SM10 is included for everyone enrolling on dental. For SM20/20 a minimum of 2 employees must enroll. For SM30 a minimum 5 employees must enroll.

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