

Required Application Information - Must complete in full with submission of any new group

<input type="checkbox"/> Group Application
Group Information - Page 1
<input type="checkbox"/> Contact Information – Name, Mailing Address, Phone Number
<input type="checkbox"/> Requested Effective Date
<input type="checkbox"/> Billing Address (if different then physical address)
<input type="checkbox"/> HR and Billing Contact Information
Design Your Plan - Page 1
<input type="checkbox"/> Select Preferred Enrollment Options
<input type="checkbox"/> Dental Plan Options (complete either UT & TX or other states, plan options may vary by state)
<input type="checkbox"/> Select a Vision Plan (All States) if applicable
<input type="checkbox"/> General Participation
<input type="checkbox"/> Calculate Your Rates
New Hire Waiting Periods - Page 2
<input type="checkbox"/> Employee Category
Comparable Dental Plans - Page 2
<input type="checkbox"/> Dental Plan - Include Name of Other Carrier and Length of Coverage
<input type="checkbox"/> Waiting Period Waiver
<input type="checkbox"/> Takeover Provisions
Terms & Conditions - Page 2 & 3
<input type="checkbox"/> Read Terms & Conditions
<input type="checkbox"/> Include Signature, Printed Name and Date
How to Submit Your Information - Page 3
<input type="checkbox"/> Select Payment Option
<input type="checkbox"/> Initial Binder Check
Agent/Broker Information - Page 3
<input type="checkbox"/> Complete Agent Contact Information
<input type="checkbox"/> Make a Copy of From Prior to Submitting
<input type="checkbox"/> Copy of Sold Quote with Rates or Selected Street Rates Circled
<input type="checkbox"/> Group Binder Check made payable to Dental Select
<input type="checkbox"/> Current Group Census (All Contributory Plans / Voluntary Plans Groups 2-5 only)
<input type="checkbox"/> Employee Enrollment Forms – Must be completed for each member enrolling
<input type="checkbox"/> Coverage Selection (Dental, Vision, AD&D mark all that apply)
<input type="checkbox"/> Name, Address, Date of Birth
<input type="checkbox"/> Effective Date
<input type="checkbox"/> Date of Hire
<input type="checkbox"/> Individuals Covered (Dependents) with Dates of Birth
<input type="checkbox"/> Signature
<input type="checkbox"/> Waivers with Signatures (Marked with No Coverage or Waive Due to Other Coverage)
<input type="checkbox"/> Proof of Prior Coverage (Only Required If Sold Quote has Benefit Waiting Periods)
<input type="checkbox"/> Summary of Benefits from Prior Coverage
<input type="checkbox"/> Last Months Invoice from Prior Carrier Listing Employees Enrolled and their Effective Dates
<input type="checkbox"/> Family Business: Any business owned and operated solely by family members will be required to submit the following information
<input type="checkbox"/> Proof of establishment from state by which the business is governed. i.e. business license, corporation paperwork, etc.
<input type="checkbox"/> Proof that those enrolled on the plan are gainfully employed by said business. i.e. pay stubs, tax statements, payroll statements, etc.