



**DENTAL CARE PLUS GROUP
NEW GROUP CHECK LIST
HMO OR PPO - LARGE GROUP**

Welcome to Dental Care Plus! Please submit **all** of the following requested forms to speed up and insure proper processing of your enrollment with DCP.

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|----|--|----------------------|
| 1) | Group Application(s) For Master Group Contract
- Signature required | <input type="text"/> |
| 2) | Verification of Eligibility Form (VOE) - <u>Required</u>
- Signature required | <input type="text"/> |
| 3) | Employee Enrollment Forms - <u>Required</u>
1. Proof of full-time status for college aged students – Required
(Unless Dependent to Age 26 Rider purchased).
2. If not submitted with enrollment form, a Student Status letter will be
mailed to the employee’s home.
3. Dependent will not be enrolled until verification is received. | <input type="text"/> |
| 4) | Copy of quote/sold rates | <input type="text"/> |
| 5) | Binder Check for 1 st month premium - <u>Optional</u> | <input type="text"/> |
| 6) | Website User Request Form – <u>Required</u>
(for plan administrator to make changes/additions/terminations online) | <input type="text"/> |
| 7) | Who is the prior carrier? | <input type="text"/> |

If you have any questions while filling out the above forms,
please contact one of our Marketing Support Staff Members at
513-554-1100 or 1-800-367-9466