



DENTAL CARE PLUS GROUP (DCPG) NEW GROUP CHECK LIST

HMO & PPO – SMALL GROUP 2-9

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.

- | | | |
|----|--|--------------------------|
| 1) | Group Application - For Master Group Contract
- Signature Required | <input type="checkbox"/> |
| 2) | Electronic Funds Transfer (EFT) - <u>Required</u>
- Signature Required | <input type="checkbox"/> |
| 3) | Verification of Eligibility Form (VOE) - <u>Required</u>
- Signature Required | <input type="checkbox"/> |
| 4) | Employee Enrollment Forms - <u>Required</u>
1. Proof of full-time status for college aged students – Required
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="checkbox"/> |
| 5) | Copy of quote / sold rates | <input type="checkbox"/> |
| 6) | Binder Check for 1 st month premium - <u>Optional</u> | <input type="checkbox"/> |
| 7) | Website User Request Form - <u>Required</u>
(for plan administrator to make changes/additions/terminations online) | <input type="checkbox"/> |
| 8) | Who is the prior carrier? | <input type="checkbox"/> |

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

DENTAL CARE PLUS GROUP. . . .THE PLUS IS SERVICE