



DENTAL CARE PLUS GROUP NEW GROUP CHECK LIST

HMO & 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.

- | | |
|---|--------------------------|
| 1) Group Application(s) For Master Group Contract
- Signature required | <input type="checkbox"/> |
| 2) Verification of Eligibility Form (VOE) - <u>Required</u>
- Signature required | <input type="checkbox"/> |
| 3) 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"/> |
| 4) Copy of quote/sold rates | <input type="checkbox"/> |
| 5) Binder Check for 1 st month premium - <u>Optional</u> | <input type="checkbox"/> |
| 6) Website User Request Form – <u>Optional</u>
(for plan administrator to make changes/additions/terminations online) | <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