

Small Group (5-99 Employees) Enrollment Checklist – 2018

Below are the items needed to enroll your group in a Delta Dental of Washington dental plan:

EMPLOYER PAID PLANS

Delta Dental Premier® / Delta Dental PPOSM / Delta Dental PPOSM – Options / Delta Dental PPOSM – Peak Incentive / SimpleChoice® Plan

- Completed and signed **Small Group Master Application 2018: Form # SG GMA – 2018**
- A check from the group for the first month's premium made payable to Delta Dental of Washington at the address listed below
- Completed and signed copies of **Small Group Enrollment Form 2018: Form # SG ENR – 2018** or complete the census spreadsheet
- A copy of the proposal for the plan sold
- Completed and signed **Online Enrollment Application & Change Form – Optional**

Delta Dental PPOSM – Value Plans

- Completed and signed **Small Group Master Application 2018: Form # SG GMA – 2018**
- A check from the group for the first month's premium made payable to Delta Dental of Washington at the address listed below
- Completed **Automated Clearing House (ACH) Debit Authorization Form** with a voided check: **Form # ACH-0115**
- Completed and signed copies of **Small Group Enrollment Form 2018: Form # SG ENR – 2018** or complete the census spreadsheet
- A copy of the proposal for the plan sold
- Completed and signed **Online Enrollment Application & Change Form – Optional**

VOLUNTARY PLANS

Delta Dental PPOSM – Voluntary Enhanced & Voluntary Standard Plans

- Completed and signed **Small Group Master Application 2018: Form # SG GMA – 2018**
- A check from the group for the first month's premium made payable to Delta Dental of Washington at the address listed below
- Completed and signed copies of **Small Group Enrollment Form 2018** (employees not enrolling must complete and sign the Waiver of Coverage section): **Form # SG ENR – 2018** or complete the census spreadsheet
- To waive the one-year waiting period for Class III Benefits and orthodontia for initial enrollees, please send the most recent invoice and contract declarations page from the group's previous carrier.
- A copy of the proposal for the plan sold
- Completed and signed **Online Enrollment Application & Change Form – Optional**

The benefit booklet and group contract will be emailed within three (3) to four (4) weeks after we receive your enrollment materials. Each subscriber will receive ID cards at their home address and they may be accessed anytime through the MySmile® personal benefits center.

To ensure the requested effective date, enrollment materials must arrive at least five days prior to the first day of the month that coverage is to begin.



Delta Dental of Washington

**Thank you for selecting Delta Dental of Washington
for your dental needs.**

Western Washington

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