

*Please use this checklist to ensure that all forms and information needed to process your group application are included in the submission packet to **Claremont Insurance Services**.*

SafeGuard Dental & Vision
Group Enrollment Checklist

Dental Plans

- Completed Small Group Master Application
- Employee Enrollment Application for each eligible employee (includes waiver)
- Business check for first month of premium. (Payable to SafeGuard)

Vision Plans

- Completed Small Group Master Application
- Employee Enrollment Application for each eligible employee (includes waiver)
- Business check for first month of premium. (Payable to SafeGuard)

Broker Agreement Forms (if not already contracted with SafeGuard)

- Producer Contract
- Broker Commission Agreement

Please forward this information to Claremont by _____ to ensure an effective date of _____.

Mail all documents to:

Claremont Insurance Services
2999 Oak Road Suite 810
Walnut Creek, CA 94597

For further assistance, including open enrollment meetings, please call (800) 696-4543.