

*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**.  
Please note the different plan requirements shown.*

**Delta Dental**  
**Group Enrollment Checklist**

**Delta Dental Premier or Delta Dental PPO**

- Completed Enrollment/List Form *OR*
  - Completed Enrollment/Change Form for each eligible employee
- Completed Group Application
- Current DE-6
  - If no DE-6 available, payroll register will be accepted
- Business Associate Agreement – Signature Page only
- Business check in the amount of the first month's premium, payable to Delta Dental

**DeltaCare**

- Completed Group Application
- Completed DeltaCare Application for each eligible employee
- Business Associate Agreement – Signature Page only
- Business check in the amount of the first month's premium, payable to Delta Dental

*Note: If enrolling both products (Delta Dental Premier or Delta Dental PPO and DeltaCare), then copies of both signature pages for the Business Associate Agreements must be submitted.  
List enrollment option not available for DeltaCare.*

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.*