

Delta Dental Small Group Enrollment Check list

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

Please note the different plan requirements shown.

Delta Dental PPO:

- Completed Enrollment Forms.
 - Completed Enrollment/Change Form or Declination form for those not enrolling.
- Completed Group Application.
- Declination Form
- Current DE-9C
 - If no DE-9C available, payroll register will be acceptable.
- Business Associate Agreement – Signature Page only.
- Business check in the amount of the first month's premium, Payable to Delta Dental or
 - Initial Premium Authorization – First month premium only

DeltaCare:

- Completed Group Application
- Declination Form
- Completed DeltaCare Application for each eligible employee or declination from fro those not enrolling.
- 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 PPO and DeltaCare), then copies of both signature pages for the Business Associate Agreements must be submitted.

List enrollment option is 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

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