

Master Application Checklist

To ensure efficient turnaround time, please use this checklist to confirm commonly missed information when submitting a new pooled group.

Part A – Company Information

- Coverage type. If 'employee-only' is selected, dependent coverage will not be available to current and future employees.
- Eligibility waiting period for new eligible employees (probationary period).

Does your company currently have a dental plan? If yes, please include the following:

- Current billing statement.
- Copy of current plan summary/benefit page to verify comparable coverage if replacing dental plan.
- Indicate length of coverage with current dental carrier.

Part B – Eligible Employees

- Indicate total number of eligible employees

Part C – Dental Program

- Indicate selected program: Prime or Complete

Part D – Voluntary Plans

- Indicate plan design selected.
- Indicate deductible and maximum selected.
- Indicate orthodontia, if selected by group.

Part E – Employer Paid Participation

- Indicate Participation requirements selected.

Part F – Employer Paid Plans

- Indicate plan design selected.
- Indicate deductible and maximum selected (if applicable).
- Indicate orthodontia, if selected by group.

Part G – Rates Sold

- Enter rates sold in all applicable fields. A copy of sold proposal(s) must be submitted with new group materials. If enrolling for 2 or 3 tier rating, copy of group's medical billing statement is required.

Premium Remittance and Submission

- Indicate Automatic Check Handling (ACH) or monthly billing payment by Check.
- If selecting ACH, include ACH Authorization Form and voided check.
- If selecting to pay by Check, no binder check needed. Group will be billed 2 months premium on initial bill.

Enrollment Forms

- Verify all employee information (Social Security Number, date of birth, address, etc.) is legible.
- Part B must be completed if waiving coverage for employees and /or any eligible family member.
- Part D must be completed and signed. If dependents have other dental coverage, please include policy number/name.
- Signatures as required.
- Please complete all required fields and print clearly.
- Part E – Complete all applicable fields, including Group Name.

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