

Group Enrollment Checklist

When enrolling a new group there are several key areas essential in providing a smooth implementation to Delta Dental. In order to better serve our producers and groups, we have developed an enrollment checklist.

All brochures and forms listed below can easily downloaded from the Producer or Employer section of our website, www.deltadentalid.com.

- Ensure the new group meets the Underwriting Guidelines.
- Submit a completed Group Application.
- Complete an Enrollment Form (or provide an electronic file) for all eligible employees.
- Include a check for one month's premium payable to Delta Dental of Idaho.
- Include a copy of the current medical group billing statement (*only needed for groups with 3-9 employees*).

Please submit all materials for receipt by the 15th of the month (for coverage to begin the same month) to:

Delta Dental of Idaho
ATTN: (Your Sales Representative)
PO Box 2870
Boise, ID 83701

If you have any questions, please feel free to contact our Sales department at (208) 489-3583 or (800) 718-3374.