

# Group Enrollment Checklist

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

All brochures and forms listed below can easily be downloaded from the **Producer or Employer** section of our website, at [deltadentalid.com](http://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.

Please submit the new group application and employee enrollment forms by the 15th of the month (for coverage to begin the same month) to:

**Delta Dental of Idaho**

ATTN: Sales  
555 E Parkcenter Blvd  
Boise, ID 83706

Please submit the first month's premium check to: Delta Dental of Idaho, 555 E Parkcenter Blvd, Boise, ID 83706. All future payments should be sent to: Delta Dental of Idaho Bank Lockbox Processing, PO Box 271372, Salt Lake City, UT 84127-1372. Please submit payments by the tenth (10th) of each consecutive month.

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