

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.

- ❑ 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.

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, LB 271372, PO Box 35145, Seattle, WA 98124-5145. 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**.