



## Dental Premier

Our goal is to process your new enrollment easily and efficiently in order to provide you and your client with a quick approval. The attached list outlines the health plan's case submission requests.

**\*\*\*DEADLINE FOR ENROLLMENT IS THE 25<sup>TH</sup> OF PRIOR MONTH FOR DELTA PREMIER OR PREFERRED PLANS.**

- Group Application.
- Each eligible employee needs a Delta Premier Enrollment/Change form or quick enrollment form.
- No employee waiver required – Note “W” (waiving) and reason on DE-6.
- Waiving employees or dependents are not eligible for enrollment after initial enrollment unless qualifying event occurs or open enrollment.
- Most recent quarter DE-6 (quarterly wage statement) reconciled.
- A check for the first month's premium made payable to “**Delta Dental**”.
- Minimum of 5 employees must be enrolling. For Dual Choice a minimum of 5 employees for the DHMO and the Premier or DPO plan is required. A minimum of 25 employees must be enrolling for the Orthodontia option.
- Dependents are eligible up to age 25 if they are full-time students.
- HIPAA Business Associate Agreement for Group Health Plans must be submitted.