

# Checklist for New Groups

# 2021

When enrolling in a new group, there are several key areas essential in providing a smooth implementation. To better serve our clients, we have developed a checklist to aid in the process of enrolling and setting up new groups.

Application for Group Contract completed in its entirety and signed by the person authorized to contract for the group and producer (if applicable).

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Step 1:</b> Employer Information                            | <input type="checkbox"/> <b>Step 6:</b> Fully Insured Plan Options and Plan Selection |
| <input type="checkbox"/> <b>Step 2:</b> Contact Information and Online Resources Access | <input type="checkbox"/> <b>Step 7:</b> Payment Options                               |
| <input type="checkbox"/> <b>Step 3:</b> Plan Effective Date                             | <input type="checkbox"/> <b>Step 8:</b> Producer/Agent Information                    |
| <input type="checkbox"/> <b>Step 4:</b> Eligibility and Enrollment                      | <input type="checkbox"/> <b>Step 9:</b> Acknowledgement and Signatures                |
| <input type="checkbox"/> <b>Step 5:</b> Employer Contribution                           |   |

*Please note: Incomplete or inaccurate applications may cause delays in processing time.*

Individual enrollment form completed and signed by each employee enrolling in the dental plan; enrollment may also be submitted by electronic file. For more information on acceptable electronic file formats, please contact Sales@DeltaDentalOK.org.

Please mail new group submissions to:  
**Delta Dental of Oklahoma**  
**Attention: Sales**  
**P.O. Box 54709**  
**Oklahoma City, Oklahoma 73154-1709**

or send an email to:

[Sales@DeltaDentalOK.org](mailto:Sales@DeltaDentalOK.org)