



Request for Proposal Process Checklist

(This applies to prospects of 10 or more employees only).

When underwriting a new prospect group, there are several key areas essential in providing a smooth implementation to Delta Dental. In order to better serve our brokers and clients, we have developed a checklist that is essential in the underwriting process of new groups with Delta Dental.

Whether a subscriber receives treatment from a dentist participating in the Delta Dental PPO network or the Delta Dental Premier network, he or she is protected from charges exceeding the maximum allowable amount established for both provider networks depending on plan design.

- Legal Name of Agency/Employer.
- Nature of business for Prospect Company.
(This would include providing the type of business and/or Standard Industrial Classification (SIC)).
- Agent/Employer Authorized Contact Person's Name.
- Company/Agency Contact Information.
 - > Address, City, State, and Zip Code.
 - > Business Fax/Phone.
 - > Note: The employer's corporate office is required to be in Oklahoma.
- Company Benefits Information.
 - > Number of Full-time Employees.
 - > Please provide a breakdown of coverage type such as employee only, employee + spouse, employee + child(ren), or family.
 - > Please provide a count of employees that are considered ineligible. Ineligible employees would be classified as ones that are part-time, seasonal/temporary, retirees, cobra, and contract employees.
 - > Note: Eligible employees are full-time employees regularly scheduled to work 30 or more hours per week.
- Group Benefits Information.
 - > Current Dental Benefits (if applicable).
 - > Current/Renewal Dental Rates.
 - > Employer Contribution toward individual and family cost.
 - > Additional Benefit Options Requested.

Additional information may be requested on a case-by-case basis.
(Example- Dental Claims Experience broken down by the most recent 12 month period).