

Submission Checklist for Dental/Vision Groups

- Employer Enrollment Form**
Employer must also sign the Association and Trust Membership Agreement located on the back of the form.
- Employee Enrollment Form or Group Enrollment Roster**
Include refusal of coverage section.
If the employee is applying simultaneously for Medical and Dental plans, only the Medical enrollment form must be completed.
- Dependent coverage for domestic partners:**
If the employer elects coverage for domestic partners, please include a letter from employer.
If the employee chooses to insure a domestic partner as a dependent, an Affidavit of Domestic Partnership must also be submitted with the employee enrollment form.
- Payroll**
Required for all group sizes if company is a spin-off.
- Eligible Owners and Partners**
Indicate the names of eligible owners or partners who do not appear on the quarterly wage report and provide owner/partner statements.
- Quarterly Wage Report**
No wage report is needed for groups of 5 or more enrolling.
For groups of less than 5 enrolling – Indicate on the quarterly wage report which employees are:
FT – Full-time
PT – Part-time
S – Seasonal
IE – Ineligible
WP – Waiting for coverage
W – Waiving coverage
- Proof of Prior Coverage**
Submit the most recent invoice indicating the original effective date of coverage.
- Benefit Representative Statement**
Located on the back of the employer enrollment form.
- Employer Check**
Made payable to BEST Life and Health Insurance Company for the first month's estimated cost.
- Copy of Dental Proposal**

Email the above to:

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Call 360.352.8881