

Submission Requirement Checklist

Remember these items and use this checklist to ensure efficient turnaround/approval of new pooled group business

MASTER DENTAL CONTRACT APPLICATION

Part A – Company Information

- Coverage type. If “employee-only” is selected, dependent coverage will not be available to current and future employees.
- Eligibility waiting period for new eligible employees (probationary period).

Does your company currently have a dental plan? If yes, please include the following:

- Current billing statement.
- Copy of current plan summary/benefit page to verify comparable coverage if replacing dental plan.
- Number of months/years with current coverage if replacing dental plan.

Part B – Participation

- Indicate total number of eligible employees (defined as employees working 20 or more hours per week).
- Indicate plan selected. Employer-Sponsored, Voluntary plan or Medical Lock.
- For plan selected, review the enrollment requirements in our participation guidelines.
- Enter rates sold in all applicable fields.

Part C – Dental Program

- Indicate plan design selected. Employer-Sponsored or Voluntary – Plan A, B, C or D.
- Indicate orthodontia, if selected by group.

PREMIUM REMITTANCE

- Indicate Automatic Check Handling (ACH) or monthly billing.
- If selecting ACH, include ACH Authorization Form and voided check.
- If selecting monthly billing, make the first month’s premium check payable to Securian Dental.

ENROLLMENT FORMS

- Verify all employee information (Social Security Number, date of birth, address, etc.) is legible.
- Part B must be completed. If waiving coverage for employees and/or any eligible family member, Part D must also be completed and signed. If dependents have other coverage, please include policy number/name.
- Signatures as required.
- Please complete all required fields and print clearly.
- Part F – Complete all applicable fields, including Group Name.

Securian Dental is underwritten by Securian Life Insurance Company, 400 Robert Street North, St. Paul MN 55101, and administered by DeCare Dental Health International, LLC. In California, Securian Dental is underwritten by Securian Life Insurance Company, offered through DeCare Dental Insurance Services, LLC, and administered by DDHI Administrators, LLC. Securian Dental is offered under policy form series 03-30612 or a state variation thereof.

