

Submission Checklist for Dental Groups

- Completed Employer Enrollment Form**
- Completed Employee Enrollment Form or Group Enrollment Roster**
Include refusal of coverage section.
- For Groups Enrolling 2-4 only**
- 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 Group Coverage**
Submit the most recent invoice indicating the original effective date of group coverage.
- Employer Check**
Made payable to BEST Life and Health Insurance Company for the first month's estimated cost.
- Copy of Dental Proposal**

Mail all the above items to:

New Group Submissions
BEST Life and Health Insurance Company
P.O. Box 3023
Meridian, ID 83680-3023

800.433.0088 or cs@bestlife.com