

## 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**

**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](mailto:cs@bestlife.com)