

## HOW TO COMPLETE THE DELTA CONTRACT APPLICATION FORM

Most of the information needed in the Group Information section is self-explanatory. For your convenience, however, we have further clarified the following areas:

**Effective Date:** The effective date is always the first day of the month in which a group is enrolling. This date must match the “proposed effective date” shown on the Delta proposal for Small Group, Voluntary Style, and groups of 100+.

**Group & Sublocation Numbers:** Assigned by Delta when contract application is submitted.

**Group Eligibility Contact:** Enter the name of the person Northeast Delta Dental should contact with any questions regarding the initial enrollment and subsequent administration of the group.

**Previous Dental Carrier:** If Northeast Delta Dental is replacing another dental carrier, please enter the name of that carrier.

**Previous Benefit Period:** Enter the previous carrier’s effective date through the last day of coverage for the group.

**Type of Industry:** Indicate what the applying group does for business.

**Current Medical Carrier:** Enter the group’s medical carrier as of the effective date with Northeast Delta Dental.

**Benefit Period:** Enter the number of months that the benefits will be in effect. If benefits are on a calendar year basis, enter the number of months remaining in the calendar year. If a contract year is chosen, enter twelve.

**Anniversary Date:** Enter the month and day (not year) of the renewal.

### **BENEFIT STRUCTURE, RATES, ELIGIBILITY & WAITING PERIOD SECTIONS**

Refer to Northeast Delta Dental’s proposal pages. The information entered into these sections **must** coincide with the proposal issued by Northeast Delta Dental. Note: Waiting periods (if applicable) apply to all employees unless we are replacing an existing program, in which case waiting periods will be waived for the existing employees. Future enrollees will be subject to the waiting period.

### **CENSUS AND BILLING INFORMATION**

After the enrollment, calculate the first month’s payment and select a billing method. A binder check should always accompany the application and enrollment forms.

### **PRODUCER INFORMATION**

The producer must complete this section. Please indicate if the contract should be mailed to the producer or to the group. The producers’ signature, tax ID number, and copy of license (if not on file already) are required before commissions can be paid.

### **ADDITIONAL PROVISIONS**

This section should be used to enter any additional information, such as additional contact names, second year rates or domestic partner.

### **SIGNING THE CONTRACT APPLICATION**

The application must be signed and dated by an authorized representative of the group (not the producer). Enter the name of the group applying for coverage under “Applicant.” **All** copies of the application must be sent to Delta. Group and broker copies will be returned with the contract.