

## New Group Dental/Vision Submission Checklist

- Completed Employer/Group Application** – Employer also needs to sign the Association and Trust Membership Agreement located on the back of the application.
- Completed Employee Enrollment Application** – (also includes refusal of coverage section)  
**Special Note** – If the employer is applying simultaneously for a BEST Life Medical Plan and a BEST Life Dental or Vision Plan, only the Medical Plan enrollment application must be completed.
- Dependent coverage for Domestic Partners:**
  - If Employer wishes to offer coverage for Domestic Partners, please submit a letter from Employer.
  - If Employee wishes to insure Domestic Partner as a dependent, a complete "Affidavit of Domestic Partnership" must be submitted along with Employee application.
- Quarterly Wage Report** – **No wage report is needed for groups with 5 or more enrolling. Payroll is required for any size group if new company or spin-off.**

**For groups with less than 5 enrolling** - Please indicate on the Quarterly Wage Report which employees are full-time (FT), part-time (PT), seasonal (S), in their waiting period (WP), waiving coverage (W). Provide current payroll for all full-time eligible new hires not appearing on the wage report.
- Please Indicate** the names of eligible owners or partners who do not appear on the quarterly wage report and provide completed Owner/Partner Statements.
- Proof of Prior Coverage** – If applicable, please submit the most recent invoice indicating original effective date of coverage. For voluntary plans, please indicate each employee's original effective date.
- Completed Benefit Representative Statement** located on the back of the employer/group application
- Employer Check** payable to BEST Life and Health Company for the first month's estimated monthly cost.
- A Copy of your Dental Proposal**

Mail all the above items directly to:

**BEST Life and Health Insurance Company**  
**Attn: New Group Submission, P.O. Box 19721, Irvine, CA 92623-9721 or**  
**2505 McCabe Way, Irvine, CA 92614**  
**Call 800-433-0088 with questions.**