

Employer Requirements

- Group Application:** this form is required for all new business and must be completed in its entirety.
- DE-9C / Quarterly Contribution Return & Report of Wages**
 - a DE-9C is not required for groups enrolling via the Delta Census.
- Premium Deposit Check**
 - submit a company check payable to Delta Dental.
 - the check should reflect the first month's premium.
 - a group number will not be issued until a premium deposit check is received.
- Optional Payment Method (ACH)**
 - Automatic Clearing House (ACH) processing is available by completing the Initial Premium Authorization Form.
 - Groups selling VSP or ABS products must complete the Partial Payment Designation Form.
 - the initial premium payment will be drafted once coverage is elected.
 - subsequent premium payments should be mailed with the Delta Dental invoice or paid using the online payment option available at www.deltasba.com
- Submission Deadline**
 - PPO: 25th of the month prior to the requested effective date.
 - DeltaCare: 15th of the month prior to the requested effective date.

Employee Requirements

- Employee Application:**
 - **DeltaCare enrollment:** every enrolling employee must complete and submit an application, OR the employer may complete the Enrollment List form. A Delta Office Number must be provided for every DeltaCare enrollee.
 - **PPO enrollment:** every enrolling employee must complete and submit an application OR the employer may complete the Enrollment List Form on their behalf.
 - **Declining coverage:** every employee waiving PPO coverage must provide a signed Declination Form. A Declination Form is not required for DeltaCare.
- Declination of Dental Coverage Form:** this form must be completed by any eligible employee that voluntarily declines to enroll themselves and any eligible dependent(s). Please note that the Declination of Dental Coverage Form is not required when declining enrollment in a Voluntary dental plan.

Notes
