

NEW GROUP SUBMISSION PAPERWORK REQUIREMENTS

SCENARIO 1: DENTAL ONLY GROUP NEW TO HORIZON

- Employer Application
- Employee Applications
- Waivers
- Quote
- Company Check for 1st Months Premium (3 months if group is paying quarterly)
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for any dependent enrolling between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

SCENARIO 2: DENTAL BEING ADDED TO EXISTING HORIZON SMALL GROUP MEDICAL WITH SAME GROUP NUMBER

- Employer Application
- Employee Applications (only for those employees not enrolled or changing contract type)
- Waivers (if necessary)
- Quote
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for anyone dependent between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

SCENARIO 3: DENTAL BEING ADDED TO EXISTING HORIZON SMALL GROUP MEDICAL WHERE GROUP NUMBERS WILL BE DIFFERENT

- Employer Application
- Employee Applications
- Waivers
- Quote
- Company Check for 1st Months Premium (3 months if group is paying quarterly)
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for anyone dependent between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

SCENARIO 4: Dental Companion Being Added To Existing Horizon Small Group Medical

- Companion one page flyer completed with Group Name, Effective Date and Group Number