

The details.

New Group Checklist: HMO/PPO Combined– Large Group

Welcome to The Dental Care Plus Group (DCPG). Thank you for entrusting us with your dental benefits needs. We look forward to enrolling your members as quickly and efficiently as possible. In order to streamline this process, please refer to this new group checklist and submit all completed documents to DCPG.

All forms are required unless otherwise indicated.

- ☐ **Group Application(s) for Master Group Contract – Signature Required**
- ☐ **Website User Request Form**
 - For plan administrator to make changes, additions and terminations online.
 - Invoice recipient.
- ☐ **Verification of Eligibility Form (VOE) – Signature Required**
- ☐ **Employee Enrollment Form Combined HMO/ PPO (Determined by County of Residence) or EDI spreadsheet**
- ☐ **Copy of Quote/Sold Rates**
- ☐ **Binder Check for First Month Premium – Optional**
- ☐ **Name of Prior Carrier**

For more information, contact your DCPG representative at (800) 367-9466 or visit DentalCarePlus.com.

T H E P L U S I S S E R V I C E

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

The Dental Care Plus Group

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