

Δ DELTA DENTAL

New Business Submission Checklist

- Δ Small Business Advantage Group Application – 1 per Group (Master Application)
- Δ Employee Enrollment / Change Form – 1 per Employee
- Δ BA Agreement – per state issued
- Δ Prior Carrier Bill & Schedule of Benefits – unless virgin Group for Dental Coverage
- Δ Employee's last UC2-A FORM / NYS45(Quarterly Wage Report) or Payroll Records
- Δ 1st month premium check payable to:
GettHealth Premium Account

ALL NEW BUSINESS SHOULD BE SUBMITTED NO LATER THAN 10 DAYS PRIOR TO THE EFFECTIVE DATE = 20th of the month for a 1st of the month effective date.

- Δ Send all New Business to:
GETTYSBURG HEALTH ADMINISTRATORS, INC.
ATTN: NEW BUSINESS
34 LOCUST AVE
P.O. BOX 1060
GETTYSBURG, PA 17325

- Δ Please contact **Aimee Murphy** at # 800-497-4495 or AMurphy@GettHealth.com with any additional question or concerns.