

Δ DELTA DENTAL

New Business Submission Checklist

- Δ Adoption & Participation Request Form – 1 per Group (Master Application)
- Δ Employee Enrollment Form – 1 per Employee
- Δ Prior Carrier Bill – unless virgin Group for Dental Coverage
- Δ Employee's last UC2-A FORM (Quarterly Wage Report) / NYS45, Schedule C, 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

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

*If you need further assistance, please contact Aimee Murphy at AMurphy@getthealth.com or # 800-497-4495.