

NEW BUSINESS SUBMISSION CHECKLIST



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Please make sure the following is submitted with **ALL** new cases. We cannot process a case without **ALL** of the following information:

- ___ Completed Employer Application
- ___ Completed Employee Enrollments
- ___ 1st Month's Premium
- ___ Producer Licensing Forms (If applicable)
- ___ Employer Verification of Eligibility Form
- ___ Copy of Quoted Rates
- ___ Completed Submission Form

TAKE OVER CREDIT CASES

Please make sure ALL of the following information is enclosed on all prior coverage take over cases:

- ___ Copy of prior plan Schedule of Benefits and rates
- ___ Copy of prior plan's last billing statement listing each employee covered

Prior credit is available only to employees listed on the prior carrier bill and that are enrolled on the initial effective date of the plan and approved by Argus Dental & Vision, Inc.

GUIDELINES AND PROCEDURES

- 1) All coverage will be effective on the first of the month, except when necessary for takeover cases. All groups with initial effective dates other than the 1st of the month will be converted to the 1st of the month and will become the anniversary date.
- 2) Voluntary Groups: Payroll deductions should begin 4-6 weeks prior to effective date in order to satisfy premium prior to the effective date.
- 3) In no event will claims be paid prior to the effective date and the date the group setup is complete.
- 4) Applications, premium and enrollment forms must be received before the requested effective date month.
- 5) Upon receipt of complete documentation, Argus Dental & Vision, Inc. will assign a group number and issue administrative instructions to the employer. I.D. Cards and Certificates will be sent to employees unless requested otherwise.
- 6) Please submit new cases to the following address:

Argus Dental & Vision, Inc.
4010 W. State Street
Tampa, FL 33609
Fax: 813-283-2403 Email: Sales@argusdentalvision.com