

**NEW BUSINESS FORM**  
**Policy Administration Information**



**NEW BUSINESS SUBMISSION**

The following information needs to be completed in order to assist Argus Dental & Vision, Inc. in administering your dental plan. Please place a check mark in the appropriate box or circle where indicated.

Employer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Email: \_\_\_\_\_

**INITIAL ENROLLMENT PROCESS**

***Employer wishes to submit initial enrollment as follows (check one):***

- Electronic enrollment via excel spreadsheet
- Submit hardcopy enrollments to **Argus Dental & Vision, Inc.** or **Agent** (circle one)  
(Argus Dental & Vision, Inc. to provide forms)

**ADMINISTRATION KITS (WELCOME TO ARGUS DENTAL & VISION, INC.)**

***Argus Dental & Vision, Inc. to forward the Administration Kit and Instruction Guide as follows (check or circle as indicated):***

- Send via the internet to Agent or Employer (circle one)  
(Above information will be emailed within 2 business days of receipt of all completed requirements)
- Send hardcopy directly to **Agent** or **Employer** (circle one)

**DENTAL INSURANCE POLICY AND CERTIFICATES**

***Argus Dental & Vision, Inc. to forward the Policy and Certificates as follows (check or circle as indicated):***

- Send via the internet to Agent or Employer (circle one)
- Send hardcopy directly to Employer
- Send hardcopy directly to Employees

***Note: Based on Insurance Regulations, it is required that the Employer provide the Insurance Certificates to the Employees either as a hardcopy or through online access.***

The undersigned acknowledges the above instructions and understands the importance of providing the Employees the Insurance Certificates immediately upon receipt.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date