

Employer Instructions

- Review Parts A, B, C, D, E, F and G to be sure all information is complete, accurate and legible.
- When reporting effective dates use contractual start and stop guidelines as defined in your contract (i.e., 1st of month, end of month, or actual dates).
- Delta Dental of Minnesota generally completes enrollment requests within five business days of receipt.

Complete Part H - Group Enrollment Information

- Check one reason for enrollment and provide requested information including coverage effective dates.
- **New Group** – New customer to Delta Dental and submitting initial employee enrollment. Note: For a New Group enrolling a Direct Billed COBRA participant, check *Other* category. Provide reason and original date of qualifying event and correct COBRA subgroup. If information is not provided, participant will not be enrolled and billed properly.
- **Open Enrollment** – Employee is enrolling during group's open enrollment period.
- **New Hire** – Enroll newly hired employee. If probationary period applies, coverage effective date is after the probationary period.
- **Rehire** – Former employee was rehired.
- **Return From Leave of Absence** – Employee returning from leave of absence.
- **Loss of Coverage** – Employee/dependent involuntarily lost other coverage and is now eligible to enroll.
- **Other** – Use if enrollment situation is not included in another category. Provide a specific reason and event date.
- **Previously Waived Coverage** – If an employee waives coverage, they can only enroll at a later date if the group contract includes an Open Enrollment period or if the individual has a loss of other insurance coverage.
- **Employee Status Change** – Employee's employment status changed and employee is now eligible for dental benefits.
- **Group Name** – Provide group name as listed in your contract.
- **Group and Subgroup Number** – Provide applicable numbers for individual employee.
- **Group Representative** – Sign, date, and provide your phone number.

Send Completed Forms To:

Delta Dental of Minnesota
Attn: Enrollment Department
PO Box 330
Minneapolis MN 55440-0330