

AIG EMPLOYEE CHOICE DENTAL

NEW CASE CHECKLIST

Firm Name: _____

Requested Effective Date: ____/____/____

Master Application

- All spaces completed, form signed and dated by Officer, Proprietor, or Partner and signature witnessed

Plan Selection Pages

- DHMO Plan selected, if applicable
- PPO Plan selected, if applicable
- Employer signature and date

Employee Application

- Form completed for each eligible employee
- Declining employees complete the waiver section
- Birthdate, Hire Date, Social Security Number, Plan Selection, Dependent info. on each form
- Signature and date on each form

First month's premium payable to "AIG Employee Choice Dental"

Most Recent Billing Statement, if applicable

Copy of Agent's License

Group Agent Application and Producer Agreement if not appointed

- If agent is already appointed, Producer Number assigned by Plan Administrator should be included on Master Application under Producing Agent's Declaration

Documentation of the Commission Distribution

Special Instructions/Requests, if any

Contact Information:

Phone: (877) 296.3800

FAX: (310) 391.6534

Email: CustomerService@EmployeeChoiceDental.com

PLEASE SEND CHECKLIST ITEMS TO:

AIG EMPLOYEE CHOICE DENTAL

3030 SOUTH BUNDY DRIVE

LOS ANGELES, CA 90066