

Enrollment Instructions Checklist

All of the following must be received by Employers Dental Trust before a case can be processed:

- 1. A completed and signed Employer Application and Request for Participation.
- 2. A Premium Deposit Check equal to one month's premium made payable to Ameritas Life Insurance Corp. If initially enrolling the group in more than one Trust Product administered by the Managing Agency Group, then only **one check** made payable to **The Managing Agency Group** representing all the deposits is necessary.
- 3. Completed Enrollment/Refusal information for all employees, dependents and COBRA participants. Or census enrollment is also available.
- 4. Completed Commission Agreement.
This one-time agreement will be kept on file and will apply to all your EDT cases submitted.
- 5. For takeover plans, EDT requires a copy of the certificate booklet outlining coverages and the most **recent** bill listing employees covered. Proof of prior coverage is the responsibility of the Employer (Group) subject to underwriting guidelines.

Note: Additional requirements for cases with 2-9 lives.

- 6. A copy of the Employer's last State Quarterly Wage and Contribution Report listing employees.

All case materials must be received prior to the requested effective date.

Mail sold case materials to:

Employers Dental Trust
Attn: New Business
One Enterprise Drive, Suite 210
Shelton, Connecticut 06484

Additional EDT Contact Information

- Sales Support x1
- Policyholder Service x3
- Premium/Billing x2
- Commissions and Licensing x38

Toll Free: (800) 243-2534
Local: (203) 924-2994
Fax: (203) 924-2644
www.mag-eb.com