



Three Penn Plaza East  
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## **NEW GROUP SUBMISSION PAPERWORK REQUIREMENTS**

### **SCENARIO 1: DENTAL ONLY GROUP NEW TO HORIZON**

- Employer Application
- Employee Applications
- Waivers
- Quote
- Company Check for 1<sup>st</sup> Months Premium (3 months if group is paying quarterly)
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for any dependent enrolling between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

### **SCENARIO 2: DENTAL BEING ADDED TO EXISTING HORIZON SMALL GROUP MEDICAL WITH SAME GROUP NUMBER**

- Employer Application
- Employee Applications (only for those employees not enrolled or changing contract type)
- Waivers (if necessary)
- Quote
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for anyone dependent between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

### **SCENARIO 3: DENTAL BEING ADDED TO EXISTING HORIZON SMALL GROUP MEDICAL WHERE GROUP NUMBERS WILL BE DIFFERENT**

- Employer Application
- Employee Applications
- Waivers
- Quote
- Company Check for 1<sup>st</sup> Months Premium (3 months if group is paying quarterly)
- Most Recent Prior Carrier Invoice (if group has prior group dental coverage)
- Student Verifications for anyone dependent between 19 & 23 years of age
- Marriage Certificate for any spouse with a different last name
- Civil Union Certificate or Proof of Domestic Partnership (if applicable)

### **SCENARIO 4: Dental Companion Being Added To Existing Horizon Small Group Medical**

- Companion one page flyer completed with Group Name, Effective Date and Group Number