



EXECUTIVE DENTAL & VISION

The Dental and Vision Plan Everyone Is Seeing Clearly To Smile About

Underwritten By



Co-Administered By



New Business Submission Checklist

- ___ **Executive Dental Employer Application**
- ___ **Broker Information** (*current license if new to PGP*)
- ___ **Employee Enrollment Forms**
- ___ **Copy of Current Insurance Carrier Bill and Benefit Summary**
- ___ **Copy of NYS-4** (*required for groups with 3-9 lives*)
- ___ **Premium Check Payable to:**
Executive Dental (*w/ \$15.00 Monthly Billing Fee*)

If you have any questions, please contact your PGP representative.