

Please confirm that the following is submitted with all new cases.

- Completed application for group dental/vision insurance
- Completed employee enrollment forms or census spreadsheet
- Online agent-generated proposal from [www.directbenefits.com](http://www.directbenefits.com)
- If paying by ACH, please complete the included form (do require a voided check)

If applicable, please confirm that all of the following documentation is provided prior to coverage on take-over cases:

- Copy of Prior Carrier's summary of benefits
- Copy of Prior Carrier's most recent billing statement

### Policy Documents Delivery Acknowledgement

Policy documents and ID cards will be delivered how requested on the master application.

After all the information listed above is completed and signed, submit all forms using one of the following delivery methods:

**Email:** [agentsupport@directbenefits.com](mailto:agentsupport@directbenefits.com)

**Fax:** 651-649-3502 **ATTN:** Group Sales

**Mail:** Direct Benefits, Inc.  
7900 International Drive Suite 1040  
Bloomington, MN 55425

### Submission Date:

New groups should be received no later than the 10th of the month of the desired effective date in order to review and submit to the carrier (i.e. Feb 1st effective date, please submit to Direct Benefits by Feb 10th).



