



Securian Dental **Group Enrollment Checklist**

❑ Completed APPLICATION FOR GROUP INSURANCE

This is to be completed by the group and signed by an authorized individual.

Indicate the number of eligible and the number enrolling.

❑ Completed MEMBERSHIP ENROLLMENT FORM

Employees electing coverage must complete Sections A, B, C & D and sign in Section E.

Employees electing not to enroll must sign and date Section D, “Coverage Waiver”, indicating other coverage information, including name of carrier. **(Not mandatory for Voluntary plans)**.

❑ Premium Calculator

Complete the Securian Dental Premium Calculator sheet identifying the plan that your group has elected to enroll in and determine your first month’s premium. Include the sheet with your premium check, applications and other enrollment materials.

❑ Prior Carrier Information

For waiver of waiting periods or rates with prior coverage, please provide a current dental carrier billing statement, copy of current plan/benefit design and the number of months/years with current carrier.

❑ First Month’s Premium Check

Provide a check payable to Securian Dental for the full premium due the first month of coverage.

Mail to:

Securian Connect – Securian Dental Plan
730 South Broadway
Gilbert, MN 55741