



**PROFESSIONAL GROUP PLANS, INC.**  
*Specializing in Employee Benefits*

**CAREington Dental and Vision  
1 or 2 Lives  
New Business Submission  
Checklist**

\_\_\_\_\_ **Individual Enrollment Form(s)**  
(Under 3 Employees only)

\_\_\_\_\_ **First Quarter's Premium Check Payable to:**  
Careington International  
(include \$15.00 Application Fee)

\_\_\_\_\_ **Forms Must Be Submitted to PGP Office**  
Prior to the 10<sup>th</sup> for that month's effective date.

**First time case submission needs licensing forms.**

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