



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

**CAREington Dental and Vision  
New Business Submission  
Checklist**

\_\_\_\_ **Group Application**

\_\_\_\_ **Group Employee Enrollment Form(s)**

\_\_\_\_ **First Month's Premium Check Payable to:**  
Careington International

\_\_\_\_ **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.**