



# 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-45** (*required for groups with 3-9 lives*)
- \_\_\_ **Premium Check Payable to:**  
**Professional Group Plans** (*w/ \$15.00 Monthly Billing Fee*)

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