



PROFESSIONAL GROUP PLANS, INC.
Specializing in Employee Benefits

**CapDent & CapDent PLUS / Healthplex
Submission Checklist**

___ **Group Application**

___ **Enrollment Form(s)**

___ **First Month's Premium Check Payable to:**
Dentcare Delivery Systems, Inc.

___ **Forms Must Be Submitted to PGP Office**
* By the 10th of the month prior to the effective date

If you have any questions please contact your PGP representative.

Updated 10/28/03