

**REQUIRED SUBMISSION DOCUMENTATION**

- Rating Tool Submission Form\*
- Application for Group Insurance\* – (PPO Dental, Life and Disability, Vision. These forms may vary by state.)
- DHMO Group Application (if applicable. These forms are state-specific.)
- E-Census or Employee Enrollment Forms\*
- Copy of Rate Summary, Signed\*
- Statement of Responsibility\*
- Non Standard Commission Agreement (if applicable)
- HIPAA Request Document (included in broker disclosure packet)
- Broker Disclosure and Compensation Documents (signature not required)
- Binder Check (Not required for contributory coverages or add-coverages)

\* indicates the document is required with all submissions.

**DEADLINES**

**DHMO** – Please submit all completed documentation no later than the 15th of the month prior to the effective date. No exceptions, employees must be added to the provider's dental roster prior to the effective date.

**PPO Dental, Life, Vision, Disability** – Please submit all completed documentation no later than the 5th business day following the requested effective date. Cases submitted after the 5th business day will be moved to the next available effective date.

**Steps for submitting Rating Tool Business:**

1. Please **email** all completed documentation (including scan of binder check) to your assigned Implementation Consultant. If you do not have an assigned Implementation Consultant, please contact your Specialty Market Account Executive.
2. Please mail the Binder Check to your assigned Implementation Consultant.
  - **Rating Tool Submission Form** – May be completed by GA, TPA, Broker or Customer.
    - Prefer typed, not handwritten
    - Employer signature required
    - For Rating Tool business only, please contact your local sales office for non-rate tool submission requirements
  - **Application for Group Application** – Completed and signed by Employer. Please note a few states have state specific Applications.
  - **DHMO Group Application** – Completed and signed by Employer. Please note there are state specific Apps. If DHMO sells with Dental PPO or another line of coverage, please submit the DHMO Master Application and the Group Master Application for the other coverages sold.
  - **E-Census or Employee Enrollment Forms** – May be used for all size groups and all lines of coverage. E-Census preferred for groups 10+ lives.
  - **Copy of Rate Summary Signed** – Please include entire rate summary generated from the tool (rates and benefits). May be signed by the GA, Broker or Customer.
  - **Statement of Responsibility** – Signed by the group's authorized representative.
  - **Non Standard Commission Agreement** – Broker signature required. For all groups quoted and sold with a Non Standard broker comp scale.
  - **HIPAA Request Document** – This form is included in the Disclosures packet. We assume no HIPAA for all rate tool groups. If the group wants HIPAA, please complete this form.
  - **Binder Check** – Payable to MetLife, please mail to your assigned Implementation Consultant.
  - **Rating Tool Disclosure Documents** – For the Broker and Customer to review. Do not need to return to MetLife.