

**NEW CASE SUBMISSION CHECKLIST
FOR
DELTA DENTAL OF NEBRASKA**

1. **MASTER APPLICATION** _____

2. **CENSUS FORM** _____
(Not required for Discover cases)

3. **ENROLLMENT FORMS** _____
(Including Waivers)

4. **CHECK for FIRST** _____
MONTH'S PREMIUM

5. **NEW EMPLOYEE PROBATION PERIOD** _____
(This is on Master App. Part A)

6. **COPY of CURRENT BILLING STATEMENT** _____
(If Applicable)
(Not required for Discover Cases)