



Dental Benefit Enrollment Form

OPEN ENROLLMENT DEADLINE: July 31, 2018

NOTICE: All eligible participants interested in obtaining dental coverage are required to return a Dental Enrollment Form to the Fund Office by the end of the Open Enrollment period.

If you do not return a Dental Enrollment Form by July 31, 2018, you and your family will lose your dental coverage effective September 1, 2018.

SECTION 1—PARTICIPANT INFORMATION

Participant Name _____ Participant Social Security Number (only last 4 required) or T-Number _____

Address _____

City, State, ZIP Code _____

Date of Birth (required) _____ Phone Number _____ Email Address _____

(You must use a U.S. address in order to qualify for **DeltaCare USA.**)

SECTION 2—DENTAL BENEFIT ELECTION (check one)

I elect the following dental benefit option for myself and eligible dependents effective September 1, 2018:

- A** **OPTION 1 – DELTACARE USA DENTAL HMO PLAN**
 SIX-DIGIT DELTACARE USA FACILITY CODE (OPTIONAL): _____
- B** **OPTION 2 – DELTA DENTAL PPO PLAN**

SECTION 3—PARTICIPANT AGREEMENT AND SIGNATURE

I have read and understand the material describing the dental benefits provided to me and if I had any questions, I have asked them of the Southern California Pipe Trades Administrative Corporation or Delta Dental and have received acceptable answers.

I understand that if I do not submit a Dental Enrollment Form my dental coverage will be terminated. If I submit a Dental Enrollment Form after the deadline, my dental coverage will begin one to two months following the date when the form is received.

I understand that I will not be permitted to change my dental plan again until the next open enrollment period, which is scheduled late in 2019 for changes effective January 1, 2020.

I understand that if I do not enter a Facility Code in Section 2, Delta Dental will initially assign me to a primary dentist based on my home zip code. I will be permitted to change my dentist by contacting Delta Dental after I've enrolled.

X _____
 Participant Signature

 Date