



DENTAL BENEFIT ENROLLMENT FORM

PART 1—INSTRUCTIONS

NOTICE: All eligible participants interested in obtaining dental coverage must return this form to the Fund Office via mail, fax, or email at the address above.

Your dental coverage will be effective at the beginning of the month following the date when your completed Dental Enrollment Form is received.

If you do not return this Form to the Fund Office, you will not have dental coverage.

PART 2—PARTICIPANT INFORMATION

Participant Name (First, Middle Initial, Last)

Date of Birth

Social Security Number (only last four digits required)

OR

IPE T50

Blue Shield ID No.

Address (you must provide a U.S. address to qualify for **DeltaCare USA**)

Phone Number

Email Address

PART 3—DENTAL BENEFIT ELECTION (Check One)

I elect the following dental benefit option for myself and eligible dependents:

A ☐ **OPTION 1 – DELTACARE USA DENTAL HMO PLAN**

SIX-DIGIT DELTACARE USA FACILITY CODE * (Optional) _____

* I understand that if I do not enter a Facility Code in this section, DeltaCare USA will initially assign me to a primary dentist based on my home zip code. I will be permitted to change my dentist by contacting DeltaCare USA after I have enrolled.

B ☐ **OPTION 2 – METLIFE PPO PLAN**

PART 4—PARTICIPANT AGREEMENT AND SIGNATURE

I have read and understand the material provided describing my dental benefit options. I have asked any questions to the Southern California Pipe Trades Administrative Corporation (Fund Office) or Delta Dental or MetLife and have received acceptable answers.

I understand that if I do not return this form, I will not have dental coverage.

I understand that if this form is not received within 60 days of my initial eligibility date, my dental coverage will be effective at the beginning of the month following the date when this form is received by the Fund Office.

Once enrolled, I understand that I will not be permitted to change my dental plan again until the next open enrollment period.

X _____
Participant Signature

Date