



Dental Benefit Enrollment Form

NOTICE: All eligible participants interested in obtaining dental coverage must return a *Dental Enrollment Form* to the Fund Office via mail, fax or email at the address above.

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

If you do not return a *Dental Enrollment Form*, you will not have dental coverage.

PART 1—PARTICIPANT INFORMATION

Participant Name (First, Middle Initial, Last)

Participant Social Security Number (Only last 4 required)
 Or Medical ID Number (T-number)

Address

City, State, ZIP Code

Date of Birth

Phone Number

Email Address

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

PART 2—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) _____

B **OPTION 2 – DELTA DENTAL PPO PLAN**

PART 3—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 or Delta Dental and have received acceptable answers.

I understand that if I do not return a *Dental Enrollment Form* I will not have dental coverage.

Once I submit a completed *Dental Enrollment Form*, I understand that my dental coverage will be effective at the beginning of the month following the date when my completed Dental Enrollment Form is received.

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

* I understand that if I do not enter a Facility Code in Part 2, 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.

X _____
 Participant Signature

 Date