

TEAMSTERS BENEFIT TRUST

Medical / Dental Option Information Order Form - TBT Plan VI

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|--|------------------------|---|
| Date | Social Security Number | Employer (<i>If retiree, former employer</i>) |
| Name (Please Print) | | Phone Number |
| Address (street, city, state, zip code): | | |

ITEMS REQUESTED

- MEDICAL:** Please send me a **Medical Option Change Form** and the following items:
Note: All HMO packets include applications.
 - Kaiser Foundation Health Plan Packet (HMO - Actives). (Calif.)*
 - Indemnity Plan Blue Cross Prudent Buyer PPO network Directory. (Calif.)*
 - Indemnity Plan BCBS out-of-state PPO network Directory. (All states)*
- DENTAL:** Please send me a **Dental Option Change Form** and the following items:
(Active employees only.)
 - Bright Now! / Newport Dental brochure.*
 - Delta Dental brochure.*
 - Pacific Union Dental (PUD) brochure.*
- MISC. BROCHURES:** Please send me the following TBT medical and/or dental benefits items:
 - Comparison of Dental Benefits (Active participants only).*
 - Comparison of Medical Benefits.*
 - Summary of Coverage.*

| | |
|--------------------------------|-------------|
| _____ | _____ |
| Participant's Signature | Date |

Please return this form to:
Teamsters Benefit Trust, P.O. Box 5820, Fremont, CA 94537-5820
(pre-addressed envelope enclosed)

All completed change request forms and applications (including HMO and Medicare HMO Plan applications) are to be sent to TBT. **Do not send anything directly to an HMO or dental provider!**