

RSP DENTAL OPTION FORM

Send completed form to: Teamsters Benefit Trust (TBT) • P.O. Box 5820 • Fremont, CA 94537-5820 • (510) 796-4676 • (800) 533-0119

Please enroll me in the dental option checked below.

I understand that my choice will apply to me and to my legal spouse (if enrolled).

- Option 1 - Indemnity Dental Option (Delta Dental) (as described in the *Guide to Your Benefits* and *Summary of Coverage*)
- Option 2 - *Bright Now! Dental*
- Option 3 - Pacific Union Dental (PUD)

Note: *If electing Option 3, the PUD dental office number and phone number must be filled in below. Failure to provide this information will delay your dental option enrollment.*

PUD Office Number	PUD Office Phone (with area code) ()
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Retiree's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Spouse's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Address <i>Please Print</i>		Home Phone (With Area Code) ()
Your Employer at Retirement		Local Union
Retiree's Signature		Date

Your application for retiree benefits cannot be processed until all required forms are received by the TBT Plan Administration Office.

Return this form, along with your:

- *TBT Application for Retiree Benefits*—Form B1 (*unless previously submitted*).
- *TBT Retiree Enrollment Form*—Form G4
- *TBT Retiree Plan Election Form*—Form B2
- *TBT RSP Medical Option Form*—Form H3
- HMO application (**NOTE:** *Required for HMO. Do not send HMO applications directly to the HMO.*)

Send To: Teamsters Benefit Trust, Attn: Retiree Desk—P.O. Box 5820, Fremont, CA 94537-5820

(Pre-addressed envelope enclosed.)

If you have questions, please call the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 and ask for the Retiree Desk. Fax: (510) 795-9237.