

TEAMSTERS BENEFIT TRUST (TBT)

DENTAL OPTION CHANGE FORM

*****For Plan I, I-A, I-85, III, III-A, IV, V (Five), V-A, VI, or RSP
Employees and Eligible Dependents

**COMPLETE THIS FORM ONLY IF YOU ARE MAKING A CHANGE IN YOUR
DENTAL OPTION.** Otherwise, your current dental coverage will continue without change.

PLEASE ENROLL ME IN THE DENTAL OPTION DESIGNATED BELOW.

I understand that coverage under the new option for me and my eligible dependents is **effective the first day of the second month following receipt by the TBT Plan Administration Office.**

Note: *You and your eligible dependents must be covered under the same dental option.*

☐ **Option No. 1 – Indemnity Dental Plan - *Delta Dental*** (See "New Employee Exceptions" on rci g'4.)

☐ *I am a new employee, but I qualify for enrollment in Delta Dental under exception no. ____*
*****pp 'tci g'4. Please include documentation.

☐ **Option No. 2 – *Bright Now! Dental***

☐ **Option No. 3 – *WJ E'Uggev'O cpci gf'Ectg***

Enter the dental office number: _____ (Required or enrollment will be delayed.)

Employee's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Spouse's Name	Social Security Number	Birth Date (Month-Day-Year)
Address		Home Phone ()
Your Employer	Date of Hire	Local Union

ELIGIBLE MINOR DEPENDENTS (as listed on my TBT *Enrollment Form*) Use back for additional dependents.

Dependent's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
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Employee's Signature	Date
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UGPF 'vj g'eqo r igv'f 'hqt o 'lp'qpg'qhi'vj gug'y c{ u'

- Fax to TBT at (510) 795-9237

- E-mail to enroll@lipmantpa.com

- Mail or bring to: TBT Plan Administration Office, 39420 Liberty Street, Suite 260, Fremont CA 94538

Call the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 to discuss your individual needs. Please ask to speak with someone in the Open Enrollment Unit.

NEW EMPLOYEE EXCEPTIONS

New Employees may initially elect only *Bright Now! Dental* or UHC Select Managed Care. You may elect the Indemnity Dental Plan (Delta Dental) **one year** after you first become eligible for TBT benefits. *However, if any of the following exceptions apply, the waiting period is waived and you may elect Delta Dental when you first become eligible for TBT benefits.*

1. You reside more than 30 miles from a *Bright Now! Dental* or UHC Select Managed Care office which is accepting new patients; or
2. All covered persons in your family do not reside in the same household and one or more covered persons reside more than 30 miles from a *Bright Now! Dental* or UHC Select Managed Care office which is accepting new patients; or
3. You are continuing Delta Dental coverage which you had immediately before you became eligible for coverage in a TBT plan; or
4. You were previously covered under TBT within the last 12 months; or
5. You have for any other reason been exempted from TBT new employee waiting period requirements; or
6. You are part of a new employer group coming into TBT.