## 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 - UHC Select Managed Care  Note: If electing Option 3, the dental office number and phone number must be filled in below.  Failure to provide this information will delay your dental option enrollment.				
	Office Number	Office Phone (with area code)		
Retiree's Na	ame (Last, First, Middle In	itial) Please Print	Social Security Number	Birth Date (Month-Day-Year)
Spouse's Na	nme (Last, First, Middle In	itial) Please Print	Social Security Number	Birth Date (Month-Day-Year)
Address Please Print				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 (unless previously submitted).
- TBT Retiree Enrollment Form
- TBT Retiree Plan Election Form
- TBT RSP Medical Option Form
- HMO application (**NOTE:** Required for HMO. Do not send HMO applications directly to the HMO.)

## SEND the completed form in one of these ways:

- 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

All completed forms must be sent to TBT. Do not send anything directly to an HMO or dental provider!

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.