NORTHWEST LABORERS-EMPLOYERS HEALTH &
SECURITY TRUST
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206.282.3600 or 800.826.2102 FAX 206.217.0806
nwlelg@zenith-american.com

DENTAL PLAN ENROLLMENT FORM

Instructions: Please read and complete all information on this form

The Enrollment Form must be completed in order to enroll you and your dependents, if applicable, for DENTAL PLAN coverage. Be sure to complete ALL of the information requested on this Dental Enrollment Form. Completion of this Dental Enrollment/Change Form does not constitute a guarantee of benefits. Actual benefits are based on eligibility and Plan provisions in effect at the time of service. Please refer to your Summary Plan Description for eligibility rules and a complete list of benefits.

PARTICIPANT / EMPLOYEE INFORMATION:

Last Name First Name Date of Birth

Gender) M F Social Security # (required) Union Local:

_____- - _____

Participant Mailing Address (Street or PO Box)

City State Zip Code

Cell Phone Number Home Phone E-mail Address

DENTAL PLAN ELECTION Please check the appropriate box.

☐ I elect **Dental Plan A**. I understand that my family must receive all care at a Willamette Dental Center.

☐ I elect **Dental Plan B** – a scheduled benefit plan-administered by Delta Dental of Washington.

PARTICIPANT SIGNATURE Required (PLEASE READ AND SIGN BELOW)

I UNDERSTAND THAT THE Trust Fund is relying on my answers on this form. I declare, under penalty of perjury under the laws of the State of Washington, that the answers given to all questions on this form are true and accurate. I understand that if I knowingly and with intent to defraud the Trust Fund, conceal or provide any materially false information, I may be subject to civil or criminal liability.

I hereby certify that the foregoing statements, including any accompanying statements and/or documents, are true, correct and complete to the best of my knowledge, and hereby further authorize my Provider of service to release any medical or other information necessary to process claims. A photocopy will be considered the same as the original.

Participant's Signature Date:

Are you a Retiree? No Yes