



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND (Active Plan)

Dental Benefit Enrollment Form

OPEN ENROLLMENT DEADLINE: November 30, 2015

NOTICE: If this form is not submitted by the deadline, your dental coverage will remain unchanged until the next open enrollment period.

Complete and return this form to the address above.

SECTION 1—PARTICIPANT INFORMATION

Participant Name _____ Participant Social Security Number (only last 4 required) or T-Number _____

Address _____

City, State, ZIP Code _____

Date of Birth (required) _____ Phone Number _____ Email Address _____

(You must use a U.S. address in order to qualify for Cigna Dental benefits.)

SECTION 2—DENTAL BENEFIT ELECTION

I elect the following dental benefit option:

- A** CIGNA DENTAL HMO PLAN P1-00
- B** EXISTING \$1,800 DENTAL BENEFIT

SECTION 3—PARTICIPANT AGREEMENT AND SIGNATURE

I have read and understand the material describing the dental benefits provided to me and if I had any questions, I have asked them of the Southern California Pipe Trades Administrative Corporation or Cigna and have received acceptable answers.

I understand that if I make no election I will retain the existing \$1,800 Dental Benefit.

I understand that I will not be permitted to change my dental plan again until the first of the year following the next open enrollment period, which is scheduled for October 1, 2016—November 30, 2016.

NOTE: If you elect the Cigna Dental HMO option, Cigna will initially assign you to a dentist based on your address in our records. You will be permitted to change your dentist by contacting Cigna after you are enrolled.

X _____
Participant

Date