

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DENTAL PPO ELECTION FORM

January 1, 2010 – December 31, 2010

Please print clearly

Employee/Retiree Name: _____
Last First

Social Security Number: _____
or
UBC Number _____

Dental Benefit Options (check the company you want as your dental benefits administrator)

HEALTHPLEX

SELE-DENT

ASO/SIDS

Employee/Retiree Certification

1. I have received, read, and understand the information explaining my Dental Benefit Options.
2. I request that the company I have elected on this form administer my Welfare Fund Dental Benefits and the Dental Benefits for all my eligible dependents.
3. I understand that by signing this form, I make a binding election concerning my Dental Benefits for the period specified above. I also understand that I will not be able to change my Dental Benefits administrator prior to the next open enrollment period.
4. I understand that if I do not submit another Dental PPO Election Form during subsequent open enrollment periods, this election will remain in effect.

Employee/Retiree Signature: _____ **Date:** _____

Please complete, sign and return this form to the Fund Office no later than June 1, 2008 using the pre-addressed, postage paid envelope.

If you do not use the pre-addressed, postage paid envelope, please return the form to: New York City District Council of Carpenters Welfare Fund, 395 Hudson Street, New York, NY 10014, Attention: Dental PPO.

You may also fax this form to the Fund Office at: (212) 366- 3301.