

Open Enrollment/Initial Enrollment



Delta Dental Preferred Provider Option Dentist

**Section I: GROUP INFORMATION**

Delta Dental Group Number: **10914**

Effective Date: **1/1/2016**

Name of Employer:

**Plumbers Local 360 Health & Welfare Fund**

Group Contact:

**Sue Ackerman 618-346-2560 Sakerman360@Sbcglobal.net**

**Section II: List below eligible dependents: Please state what the Dependent's relationship is to the employee: (spouse, natural child, stepchild, foster child, or adopted child)**

| Dependent Name | Date of Birth | Relation to employee | Sex   | SSN |
|----------------|---------------|----------------------|---|-----|
|                |               | Spouse               | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |
|                |               |                      | <input type="checkbox"/> M <input type="checkbox"/> F |     |

**Section III: Dental Coverage Elected**

- |   |  |
|---|--|
| <input type="checkbox"/> Employee Only            | Employee/Participant Free                              |
| <input type="checkbox"/> Employee & 1 dependent   | \$22.16 Per Month/\$66.48 Quarterly/\$265.92 Annually  |
| <input type="checkbox"/> Employee & 2 Dependents  | \$44.32 Per Month/\$132.96 Quarterly/\$531.84 Annually |
| <input type="checkbox"/> Employee & 3+ Dependents | \$66.48 Per Month/\$199.44 Quarterly/\$797.76 Annually |

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date