



WTU DENTAL PLAN ENROLLMENT FORM
(PLEASE PRINT)

Retiree

- Yes
- No

First Name	Middle Initial	Last	
Social Security Number	Date of Birth	Sex	
Home Address	Apt/Unit #	City/State	Zip Code
Home Phone	Mobile Phone	Work Phone	
Email Address			

SPOUSE/DEPENDENT INFORMATION: (Social Security Number is mandatory for all dependents. Attach a separate sheet to list additional dependents)

Full Name	Social Security Number	Date of Birth	Relation
Full Name	Social Security Number	Date of Birth	Relation
Full Name	Social Security Number	Date of Birth	Relation

***Student Verification Form must be attached for full-time college students (19-23 years old). Forms can be obtained from the WTU website.**

DENTAL PLAN OPTIONS: You must select one of the options below for your coverage to be effective. **YOU ONLY NEED TO LIST A PROVIDER IF YOU CHOOSE THE PANEL OPTION.** **Check Only One Option:**

- PPO Buy-Up Option**
 - Single - \$5.18 (Bi-Weekly)
 - Family - \$19.79 (Bi-Weekly)
 - Single RETIREE - \$289.92 (Annually)
 - Family RETIREE - \$881.76 (Annually)

- Panel Option (Dental HMO)** – Free benefit to WTU agency/full members
Dentist Name: _____
Provider Number: _____

- Open Option (Indemnity)** – Free benefit to WTU agency/full members

This enrollment form must be mailed to WTU so that it is received by November 30, 2009.

***Employee Signature** **Date**