



Delta Dental Enrollment/Change Form

South-Central Fund Only (Local Union #'s: 210,408,455,540)

Quick Comparison	
Dental PPO	Dental DHMO
VISIT ANY LICENSED DENTIST	DHMO NETWORK DENTIST ONLY
NO SPECIALIST REFERRALS NEEDED	SPECIALIST REFERRALS REQUIRED
ANNUAL DEDUCTIBLE PER PERSON	NO DEDUCTIBLE
ANNUAL MAXIMUM PER PERSON	NO ANNUAL MAXIMUM
SERVICES PAID ON A PERCENTAGE	PRESET COPAYMENTS

Elections are for benefit year 2021 and cannot be changed.

Open Enrollment begins October 15th and concludes on December 15th

All members not meeting the below criteria will automatically be enrolled into the DHMO Plan. If you reside in a zip code that does not have access to a DHMO provider, please contact the Fund Office and we will determine if you are eligible to enroll in the PPO.

SECTION A: Employee Information – Please print clearly

Identification # or SSN	First Name	Last Name	Union Lo. #
Date of Birth	Phone Number	Email Address	Employer Name
Home Address	City	State	Zip Code
			Hire Date

SECTION B: Enrollment Election – Please select below based on the qualifying criteria

SELECT ONE

I was hired prior to April 3, 2004
 I live in Texas
 I am in Local 455 or Local 408

OR

I was hired prior to June 12, 2004
 I live in Texas
 I am in Local 540

OR

I was hired prior to January 1, 2018
 I live in Louisiana
 I am in Local 210 or Local 455

I meet the above criteria and wish to elect the following Plan. (circle one) DHMO or PPO

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Employees Signature

Date