
 <b>PACIFIC UNION DENTAL</b> <small>A Dental Benefit Provider of California, Inc. Product</small>		 <b>Southwest Carpenters</b>		<b>ENROLLMENT/CHANGE FORM</b>				ADMIN	EMPLOYER'S USE ONLY				
				<b>CHECK ONE</b> <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE PROVIDER <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> DELETE DEPENDENTS <input type="checkbox"/> ADD DEPENDENTS				PLAN	GROUP #711785	EFF. DATE			
LAST NAME							FIRST NAME		INITIAL	DATE OF BIRTH	SEX (M/F)	SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street and Apartment No.)													
CITY, STATE, ZIP CODE										HOME TELEPHONE			
NAME OF SELECTED DENTIST				DENTIST #		CURRENT PATIENT <input type="checkbox"/> Yes <input type="checkbox"/> No		HIRE DATE		DATE OF MARRIAGE		MARITAL STATUS	
RELATION TO EMPLOYEE	LAST NAME			FIRST NAME (MI)			DATE OF BIRTH M/D/Y	SEX (M/F)	DEPENDENT SOCIAL SECURITY NUMBER				
SPOUSE													
CHILD													
CHILD													
CHILD													
CHILD													
CHILD													

Does Spouse have a dental plan?  Yes  No With whom? \_\_\_\_\_ If answer is "Yes," are dependents enrolled under spouse's plan?  Yes  No

Please check if you would like to receive a copy of the "Consent for Use and Disclosure of Health Information" form.

**I UNDERSTAND THAT ONCE I HAVE CHOSEN THIS PLAN, I CANNOT CHANGE UNTIL THE NEXT OPEN ENROLLMENT PERIOD. I AGREE, THAT IF I OR MY DEPENDENTS SEEK SERVICES WHEN NOT ELIGIBLE FOR COVERAGE, THAT I WILL PAY THE DENTISTS USUAL FEE.**

\_\_\_\_\_  
Employee's/Subscriber's Signature

\_\_\_\_\_  
Date Signed

WHITE - PUD COPY    YELLOW - MEMBER'S COPY    PINK - EMPLOYER'S COPY

PUD-4135

