



Mail: P.O. Box 4100 · Concord, CA 94524-4100
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549
www.ufcwtrust.com

Dental Enrollment Election Form

You may select a new dental provider online by going to UFCWTrust.com and click on the “Dental Enrollment” button on your screen or complete the form below and return to the Trust Fund Office either by fax or mail as follows:

Fax Number	925-746-7549
Address for Mailing	UFCW & Employers Trust P.O. Box 4100 Concord, CA 94524-4100

Dental enrollment is from March 2 through March 31, 2020. All Enrollment Forms must be signed and returned to the Trust Fund Office by March 31, 2020.

Please select a Dental Provider from the options below:

Check One:

- Delta Dental PPO
- Cypress Dental PPO
- Cigna Dental PPO
- Liberty DHMO Dental (Only available for Ultra and Premier Active Members)

Member

Signature: _____ Date: _____

Member Name (please print): _____

Member Alt ID#: _____ OR Last 4 of SSN: _____

If you have questions about this notice, please contact Health & Welfare Services at (800) 552-2400. We are available to take your call Monday – Friday, 8:00 AM – 5:00 PM. Lobby office hours at our Concord and Roseville locations are 8:30 AM to 4:30 PM Monday thru Friday.

Log into ufcwtrust.com to view your personal benefit information

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