

ALHAMBRA - 2405

- 747 S. Garfield Ave.
(626) 289-6815

ALTA LOMA - 2683

- 9320 Baseline Rd. #E
(909) 989-5598

ANAHEIM - 4195

- 1161 N. Euclid St.
(714) 999-5050

ANAHEIM - 538

- 815 N. Euclid St.
(714) 758-0791

ARCADIA - 4172

- 111 E. Live Oak Ave.
(626) 445-1181

BALDWIN PARK - 4229

- 13020 Francisquito Ave. #7
(626) 962-9474

BELLFLOWER - 2521

- 17660 Lakewood Blvd.
(562) 461-1180

BEVERLY HILLS - 4130

- 50 N. La Cienega Blvd. #217
(310) 275-0032

BUENA PARK - 2458

- 8402 Commonwealth Ave.
(714) 739-2051

BURBANK - 2263

- 140 N. Victory Blvd. #101
(818) 841-1634

CANOGA PARK - 2653

- 22030 Sherman Way #202
(818) 887-0260

CANYON COUNTRY - 512

- 18507 Soledad Canyon Road
(661) 252-0020

CARSON - 2706

- 550 Del Amo Blvd.
(310) 515-5672

CHATSWORTH - 654

- 10230 Canoga Ave.
(818) 341-8400

CHINO - 2707

- 12233 Central Ave.
(909) 628-0208

COMPTON - 374

- 2001 E. Compton Blvd.
(310) 639-7970

CORONA - 2930

- 12636 Limonite Ave. #1-A
(951) 808-4323

CORONA DEL MAR - 4171

- 2345 E. Coast Hwy. #C
(949) 675-3131

COVINA - 4142

- 558 W. Badillo St.
(626) 331-0506

DOWNEY - 2676

- 9474 Firestone Blvd.
(562) 803-4224

EL MONTE - 2580

- 3131 Santa Anita Ave. #201
(626) 444-2605

FONTANA - 2246

- 9193 Sierra Ave. #D
(909) 822-2226

FULLERTON - 2938

- 1573 S. Harbor Blvd.
(714) 224-5255

GLENDALE - 2854

- 6300 San Fernando Rd.
(818) 547-4455

HAWTHORNE - 2160

- 13220 Hawthorne Blvd.
(310) 679-9019

HOLLYWOOD - 2085

- 1523 N. La Brea #206
(323) 882-6387

IRVINE - 2581

- 2646 Dupont Dr. #C 200
(949) 955-3366

INGLEWOOD - 251

- 400 E. Regent St.
(310) 674-7590

LA HABRA - 2677

- 331 N. Harbor Blvd.
(562) 694-3511

LA PUENTE - 2509

- 401 S. Azusa Ave. #A
(626) 810-8222

LANCASTER - 2708

- 1228 W. Avenue "K"
(661) 949-1970

LONG BEACH - 557

- 3620 Long Beach Blvd. #B-6
(562) 426-6458

LOS ALAMITOS - 338

- 10900 Los Alamitos Blvd. #133
(562) 596-8888

LOS ANGELES - 4130

- 50 N. La Cienega Blvd. #217
(310) 275-0032

LOS ANGELES - 2881

- 1423 Gage Ave. #A
(323) 983-4000

LOS ANGELES - 2529

- 4251 Crenshaw Blvd.
(323) 295-5577

LOS ANGELES - 2704

- 1440 W. Manchester
(323) 753-1141

LYNWOOD - 2562

- 3150 E. Imperial Highway #200
(310) 608-7777

MONTEBELLO - 2452

- 2100 W. Beverly Blvd.
(323) 724-9536

MORENO VALLEY - 4197

- 23750 Alessandro Blvd. #0-102
(951) 656-0088

NORTH HOLLYWOOD - 4081

- 6512 Laurel Canyon
(818) 623-9000

NORWALK - 552

- 13300 San Antonio Dr.
(562) 863-9396

ORANGE - 2500

- 1920 E. Katella Ave., #J
(714) 997-4133

ONTARIO - 2506

- 628 W. Holt Blvd. #C
(909) 986-6424

OXNARD - 4012

- 2379 N. Oxnard Blvd.
(805) 278-9499

PALMDALE - 2523

- 38745 Tierra Subida St. #150
(661) 272-9091

PANORAMA CITY - 266

- 8227 Van Nuys Blvd.
(818) 989-3074

PICO RIVERA - 2429

- 4400 Rosemead Blvd., #2
(562) 695-5251

POMONA - 4186

- 180 E. Mission Blvd.
(909) 623-5278

POMONA - 2550

- 551 E. Holt Blvd.
(909) 622-8600

RIVERSIDE - 4256

- 4060 Madison St.
(951) 352-0500

ROSEMEAD - 2715

- 4100 Rosemead Blvd.
(626) 575-1161

SAN BERNARDINO - 2543

- 575 W. 5th St.
(909) 888-6581

SAN BERNARDINO - 2981

- 275 E. 9th St. #L
(909) 381-5555

SANTA ANA - 2919

- 1028 W. First St. #E
(714) 542-5421

SANTA MONICA - 2891

- 3201 Wilshire Blvd. #110
(310) 829-5181

SHERMAN OAKS - 4109

- 4312 Woodman Ave., #100
(818) 788-8787

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- 495 E. Los Angeles Avenue
(805) 584-2228

SOUTH GATE - 59

- 4433 Tweedy Blvd.
(323) 567-1227

STUDIO CITY - 465

- 3959 Laurel Canyon Blvd., #M
(818) 762-0307

TEMECULA - 2837

- 26475 Ynez Rd.
(951) 296-9661

TORRANCE - 2501

- 923 W. Carson St.
(310) 533-1300

VALENCIA - 4125

- 23333 Cinema Dr. #190
(661) 254-9494

VAN NUYS - 2783

- 15643 Sherman Way #300
(818) 786-2209

VENICE - 569

- 1440 Lincoln Blvd.
(310) 399-9900

VENTURA - 2778

- 870 Hampshire Rd., #C
(805) 497-2260

VICTORVILLE - 543

- 14495 Seventh Street
(760) 245-7800

WEST COVINA - 2790

- 1215 West Covina Parkway
(626) 962-8911

WEST L.A. - 2795

- 10350 Santa Monica Blvd. #190
(310) 557-1704

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- 16406 E. Whittier Blvd.
(562) 694-0396

UTU - MTA TRUST FUND

-2011-

HEALTH PLAN ENROLLMENT CARD

PLEASE PRINT

NAME _____
LAST FIRST IN.

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

FOR OFFICE USE
HEALTH PLAN: _____
EFFECTIVE DATE: _____
ELIGIBILITY DATE: _____

SOC. SEC. NO. _____ - _____ - _____ HOME PHONE NO. () _____

BIRTH DATE: _____ SEX M F BADGE NO. _____ DIV. _____ SENIORITY DATE: _____

SINGLE MARRIED DIVORCED BENEFICIARY: _____ RELATIONSHIP: _____

I CHOOSE FOR MY HEALTH CARE: UTU-MTA MEDICAL PLAN KAISER (HMO) PACIFICARE (HMO)

I CHOOSE FOR MY DENTAL DELTA DENTAL PPO (FULL-TIME ONLY) DENTAL HEALTH SERVICES OFFICE NO. _____

DEPENDENTS:

	LAST NAME	FIRST NAME	IN.	M	F	BIRTH DATE	SOCIAL SECURITY
						MONTH / DAY / YEAR	
SPOUSE	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____
CHILD	_____	_____	_____	_____	_____	____/____/____	____ - ____ - ____

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SIGNATURE _____ TODAY'S DATE _____