

Dental Health Services

3833 Atlantic Avenue, Long Beach, CA 90807 Tel. 562.595.6000

Effective Date of Change: / /

UTU Change of Status Form

Member Information

Last Name	First Name	M.I.	Member # or Social Security #		
Address		City	State	Zip	Phone ()

Company Information

Company Name *United Transportation Union, 15999 Cypress Avenue, Irwindale, CA, 91706*

Changes

- Add dependents listed below. (Reason for adding dependents): _____
- Delete dependents listed below. Reason: _____
- Change name to that shown above. Former name and reason for change: _____
- Change address to that shown above. _____
- Change dental office to (participating dentist name): _____
- Terminate Coverage. Reason (death, marriage/divorce, loss/gain of other coverage, other): _____
- Member status change (to/from part-time/full-time, mgnt/non-mgmt): _____
- Reinstate Coverage (please state reason): _____
- Change of Plan (check one below)
 - Prepaid PPO EPO
- Enroll as COBRA. Date of employment termination: _____
- Other (please state change reason): _____

Dependant Information

	Last Name	First Name	M.I.	Sex		Date of Birth (mo-day-yr)	Relationship
				F	M		
<input type="radio"/> Add <input type="radio"/> Delete							
<input type="radio"/> Add <input type="radio"/> Delete							
<input type="radio"/> Add <input type="radio"/> Delete							
<input type="radio"/> Add <input type="radio"/> Delete							

Member Signature _____

Date _____

TRUST FUND USE ONLY

Authorized by _____

Group # _____

Date _____

