

# 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 \_\_\_\_\_

