



ATTENTION ELIGIBLE PLAN A PARTICIPANTS CURRENTLY ENROLLED IN THE DELTA CARE USA DENTAL PLAN

During the 2022 Open Enrollment period, Plan A participants who are currently enrolled in the **Delta Care USA** dental plan have the opportunity to enroll in the **Delta Dental PPO** plan. This election is available to eligible Plan A participants, only.

To elect enrollment in the Delta Dental PPO plan effective January 1, 2022, please print and complete the attached Delta Dental PPO enrollment form, then mail completed form to:

Sheet Metal Workers' Health Plan
Attn: Open Enrollment
PO. Box 10067
Manhattan Beach, CA 90267

Or, you may call 1-800-947-4338 ext 741, and request an enrollment form be mailed to you.

This opportunity will only be available to eligible Plan A Participants Currently Enrolled in the Delta Care USA Dental Plan.

Delta Dental Plan Enrollment Form

Effective Date: _____

Group _____ #5291-0501 (CA)
_____ #5291-2901 (NV)

Name _____

Last four of SSN _____

Address _____

Phone _____

Date of Birth _____

Male

Female

Single

Married

Eligible Dependents:

Last Name	First	MI	Social Security Number	Date of Birth	Relationship

As a reminder- Medical and Dental Plan selections may be changed only during the Annual Open Enrollment Period. Exceptions are made only if you move outside of your selected Plan's service area.

Participant Signature

Date