Sheet Metal Workers' Health Plan
of Southern California, Arizona & Nevada

New Eligible Reply Form

This form must be completed and returned to the Administrative Office NO LATER than 10 days from your receipt of this packet. For your convenience, a postage-paid pre-addressed envelope is enclosed.

Your Medical Plan Options:

☐ **Please send me enrollment materials for the following Medical Plan(s).** I understand that requesting these materials **does not** enroll me in a medical plan, and that I will remain on the Fee-For-Service/PPO Plan unless I submit a completed **enrollment form** *(included in each Plan's enrollment materials)* to the Administrative Office within 60 days of my initial eligibility date.

□ **Health Plan of Nevada HMO**
Oen Espanol

□ **Kaiser Permanente HMO**
(Formerly Hometown Health)
Northern Nevada ONLY
Oen Espanol

□ **United HealthCare EPO**

Returning this completed Reply Form does NOT enroll you in a medical plan, or change your current plan. You must submit a completed **Enrollment Form** *(included in each plan's enrollment packet)* for the plan of your choice, **to the Administrative Office** for any plan changes to take effect.

Enrollment Forms received by the 15th of the month will be effective on the 1st day of the next month. You will receive written confirmation of your plan change(s) and effective date from the Administrative Office.

Please print:

ID# or Last 4 digits of SSN

Name, First Last

Telephone Number

Mailing Address Street Apt #

☐ **Check here if this is a new address**

City State Zip Code

I understand that I will not be able to change my medical plan selection again until the next Open Enrollment period. Exceptions are made only if I move outside of my selected plan's service area.

I also understand that if I do not return a completed DeltaCare DMO enrollment form, a participating network dentist will automatically be assigned to me, based on the residence on file.

Signature

Date