ENROLLMENT APPLICATION

Medical, Prescription Drugs, Vision & Dental Benefits

SEIU HEALTHCARE NW
HEALTH BENEFITS TRUST

PARTICIPATION RULES

To be eligible for this Plan, home care workers must work at least 80 hours per month for 2 consecutive months.

Your coverage will begin once your enrollment application is processed; it typically takes 1 month after your application is received and after you have met your initial requirements of 80 hours for 2 consecutive months before your coverage will start.

This insurance does **not** cover family members or dependents.

Once your enrollment application is received we will mail you a letter confirming your application has been processed. If you do not receive a confirmation letter within 45 days of submitting this application, please contact the Health Benefits Trust at 1-866-770-1917.

QUESTIONS?
If you have questions about this form or benefits, call the Member Resource Center toll free at:
(866) 371-3200

PERSONAL INFORMATION Please print clearly and in English

First Name	Middle Initial	Last Name	
Street	Apt # City	State	Zip
Social Security Number	Date of Birth (MM-DD-YY)	Day Phone: ( ) Cell Phone: ( )	Gender F M
IP Provider One Number	Email Address	Preferred Language	

DENTAL PLAN CHOICE (CHECK ONE)

Coverage will be provided by Kaiser Foundation Health Plan of the Northwest.
DENTAL: The dental plan coverage choice is up to you. Choose a dental plan here:

PLEASE CHECK ONE:

☐ Delta Dental of Washington
1-800-554-1907
www.deltadentalwa.com

☐ Willamette Dental of Washington, Inc.
1-855-433-6825
www.willamettedental.com

TO APPLY: Please send completed, signed application to the Health Benefits Trust. Please keep a copy for your records.

MAIL TO: Zenith American Solutions
11724 NE 195th Street, Suite 300 Bothell, WA 98011

FAX TO: (206) 298-3424
EMAIL TO: SEIU-HBT@zenith-american.com

I hereby apply for enrollment as indicated on this application. I understand that the SEIU Healthcare NW Health Benefits Trust and the Insurers may collect, use and disclose protected health information about each individual enrolled under this application in order to carry out their routine business functions, including but not limited to, determining eligibility for benefits, paying claims, coordinating benefits with other insurance carriers or payer, underwriting and conducting case management care management and quality reviews. The SEIU Healthcare NW Health Benefits Trust and the Insurers may also disclose protected health information to state and federal agencies, or other third parties, as required by law. The undersigned understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **By signing below, I agree to the required monthly payroll deduction for my health insurance. In the event of an involuntary loss of HBT coverage, if minimum hour eligibility requirements are met again within 12 months from the date of coverage loss, coverage will be automatically reinstated.**

Signature Date