



# Dental Change Form

For Caregivers Already Enrolled in a SEIU 775  
Benefits Group Health Plan

To change your current dental carrier, please fill out and return the form below. If you have any questions, please contact the Member Resource Center at 1-866-371-3200.

**Due: July 20 for coverage starting August 1.**

PERSONAL INFORMATION			
First Name:		Last Name:	
Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Street Address:	City:	State:	Zip:
Phone:	Agency Branch (APs Only):		
IPOne # - (IPs Only):			
I want to change my dental insurance carrier to: (check one) <input type="checkbox"/> Delta Dental <input type="checkbox"/> Willamette Dental Group			
Your dental change will take place the first of the month following the date your change form is received by the Trust Office. You will not be able to change your dental carrier again until 12 months after your change has taken place.			

Please mail, fax or email your form to Zenith  
American Solutions, your benefits administrator,  
by July 20 for coverage starting August 1.

If you have any questions, please call the MRC at  
1-866-371-3200.

Mail to:  
Zenith American Solutions, Inc.  
11724 NE 195th Street, Suite 300  
Bothell, WA 98011-3145

Fax to:  
(206) 298-3424

Email to:  
SEIU-HBT@zenith-american.com

Employee Signature:

Date: