



Dental Enrollment Form

EMPLOYER INFORMATION				
Group Name (Group Number) <input type="checkbox"/> TWU Local 100 (1141809 1001) <input type="checkbox"/> Liberty Lines/Westchester (1141809 1003)			Effective Date (Required)	
MEMBER INFORMATION				
BSC# (ID#)		Social Security Number (optional)		
Last Name		First Name		M.I.
Address				Apt
City		State		ZIP Code
Home Phone		Email Address		Gender
D.O.B.				
Other Dental Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other plan (if applicable)		
MEMBER MARITAL STATUS				
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Widow				
DEPENDENTS TO BE COVERED – Spouse/Domestic Partner and Dependent Children (covered up to their 26th birthday).				
Dependent (Last Name, First Name)	Date of Birth (DOB)	Gender	Social Security Number (optional)	Relationship to Member
Dependent (Last Name, First Name)	Date of Birth (DOB)	Gender	Social Security Number (optional)	Relationship to Member
Dependent (Last Name, First Name)	Date of Birth (DOB)	Gender	Social Security Number (optional)	Relationship to Member
Dependent (Last Name, First Name)	Date of Birth (DOB)	Gender	Social Security Number (optional)	Relationship to Member
In order for TWU Local 100 to complete the processing of your benefits, you must provide us with copies of the following documents: <ul style="list-style-type: none"> • Marriage certificate for spouse • Birth certificate for all dependents • Social Security cards for all dependents • Adoption/Legal Guardianship papers for dependent children 				
By signing below, I affirm that I am employed by the above-referenced employer/group. I understand that my employer is responsible for the payment of monthly premium due to EmblemHealth Plan, Inc. for dental coverage.				
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any act material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed a thousand dollars and stated value of the claim for each violation.				
Member Signature			Date	

Return completed form to:

Transport Workers Union, Local 100
149 Pierrepont Street, Room 1.100
Brooklyn, N.Y 11201

Email: member.services@twulocal100.org -or- Fax: 347-916-0629