

**2022 Open Enrollment
MetLife Dental Insurance Enrollment/Change Form BHE
Non-Unit Higher Education Health and Welfare Fund**

The Trustees of the Non-Unit Higher Education Health and Welfare Fund are offering the members an indemnity dental plan. In order to participate in the plan, I will have to make a payroll contribution based on the coverage I select. I may also choose not to participate in this dental plan. By completing and signing this form, I am informing the Trustees of my election. I understand that my **coverage will be effective January 1, 2022.**

INSTRUCTIONS:

- To be completed by Non-Unit subscribers only.
- Mark the box indicating if you wish to add coverage or would like to drop coverage.
- Print all names and numbers clearly.
- **Sign the form and return it to your HR Administrator's office by October 31, 2021.**

COVERAGE ELECTION	
<input type="checkbox"/> I DO wish to participate in this dental plan. I authorize the appropriate payroll deduction.	<input type="checkbox"/> I DO NOT wish to participate in this dental plan. I understand that I will not have dental insurance through my employer.

CHECK OFF ALL THAT APPLY (if you are making an election change, check the coverage changes that apply)	
Coverage Requested: <input type="checkbox"/> Employee only <input type="checkbox"/> Family	Change in Family Status: <input type="checkbox"/> Addition of Dependent(s) <input type="checkbox"/> Removal of Dependent(s)

EMPLOYEE INFORMATION			
Name		Employee ID#	Social Security#
Address		City	State ZIP Code
Primary Phone# w/ Area Code	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Email Address
Place of Employment (specify campus)			

DEPENDENTS				
First Name (indicate Last Names only if different)	Date of Birth	Social Security #	M/F	Add/Drop
Spouse				
Child				
Child				
Child				
Child				

<input type="checkbox"/> Check here if your spouse is also eligible for coverage through the Non-Unit Higher Education Health and Welfare Fund, due to employment with UMass, the Massachusetts State University System or the Massachusetts Community College System.
--

EMPLOYEE SIGNATURE	
	Date

For more information about the plan, visit HealthPlansInc.com/BHE.
Please return this form to your Human Resources Administrator's Office by October 31, 2021.