

Return Dental Deduction Authorization by September 15, 2023 to:

**IBEW Local Union 716
1475 North Loop West
Houston, Texas 77008**

Att: Dorothy Cotten

Local Union 716 Dental Payment Credit Union Deduction Authorization

Date: _____

Name: _____

Social Security # _____

CREDIT UNION ACCT # _____

I hereby authorize Union Fidelity Federal Credit Union to deduct Dental Payment premiums payable to United Healthcare Dental on a quarterly basis. Premiums will be deducted from my account on the 20th of each quarter. I understand if funds are not available to pay premium, the dental insurance will be cancelled and I will not be eligible to apply until opening enrollment the following year. **To keep your credit union account active you must keep \$100.00 dollars in your credit union account at all times. If deducting the dental premium puts you under \$100.00 the credit union will not pull the dental amount.**

This authorization shall remain in effect until cancelled in writing.

EFFECTIVE DATE: _____

Signed: _____

Group Number 0570163

DENTAL ENROLLMENT CARD --- Must Be Received at the Union Hall by Friday, September 15, 2023

United Healthcare Dental HMO-IBEW Local Union 716

Full-time Part-time Retiree Effective Date: October 1, 2023

(Must be filled out completely or will not be accepted.)

Employee Name: _____ Social Security # _____
Last First Middle

Address: _____ Home or Cell Phone: _____
Street City State Zip

Date of birth: _____ Male Female

INFORMATION FOR DEPENDENT COVERAGE: Please list Spouse or Dependent(s) below:

Last	First	MI	Spouse or Dependent	M/F	Date of birth	Social Security Number

You must select a Dentist at the time of enrollment. However, you may change to a different Dentist by calling customer service at 800-232-0990. After October 1, 2023 please call 1-800-232-0990 to make sure the dentist you chose is posted to your account.

Dentists' Name and ID#: _____