



**MetLife Dental Insurance Enrollment/Change Form
MTA Higher Education Health and Welfare Fund**

INSTRUCTIONS

1. To be completed by members of APA, MCCC, MSCA, MSP/FSU and USA Unions.
2. Print your name, address, the name and social security numbers of your spouse and eligible dependents.
3. Please include the name and location of your college or university.
4. Sign this application and give it to your HR office.

CHECK OFF ALL THAT APPLY:			
<input type="checkbox"/> New Hire		<input type="checkbox"/> Change of Name <i>Provide former name:</i> _____	
<input type="checkbox"/> New Address		<input type="checkbox"/> Prior Service/Transfer from another Institution <i>Provide former institution:</i> _____	
Change In Status-Special Handling:		Change In Family Status:	
<input type="checkbox"/> Waive Waiting Period <i>Coverage Start Date:</i> _____		<input type="checkbox"/> Addition of Dependent(s) <i>Effective Date:</i> _____	
<i>Reason:</i> _____		<i>Reason:</i> _____	
<input type="checkbox"/> Removal of Dependent(s) <i>Effective Date:</i> _____		<i>Reason:</i> _____	
Coverage Requested: <input type="checkbox"/> Employee only <input type="checkbox"/> Family			
EMPLOYEE INFORMATION			
Name		Employee ID #	Social Security #
Street		City	State ZIP Code
Phone #	Date of Birth	Date of Hire	
Place of Employment (specify campus):			
DEPENDENTS			
First Name (Indicate Last Names only if different)	Date of Birth	Social Security #	M/F
Spouse			
Child			
Child			
Child			
Child			
<input type="checkbox"/> Check here if your spouse is also employed by UMASS, the state university system or the community college system in Massachusetts and is also eligible for coverage through the MTA Higher Education Health and Welfare Fund Dental Plan.			
DECLINE COVERAGE			
<input type="checkbox"/> Check here if you are declining enrollment in the plan.			
SIGNATURE			
Employee Signature		Date	

For more information about the plan, visit HealthPlansInc.com/BHE

HR Administrators may send via: Fax: 508-795-1933 | Email: BHEeligibilityquestions@HealthPlansInc.com | Mail: Health Plans, Inc. • P.O. Box 5199 • Westborough, MA 01581

Print Your ID Card and View Your Claims



Log in to My Dental Plan where you can:

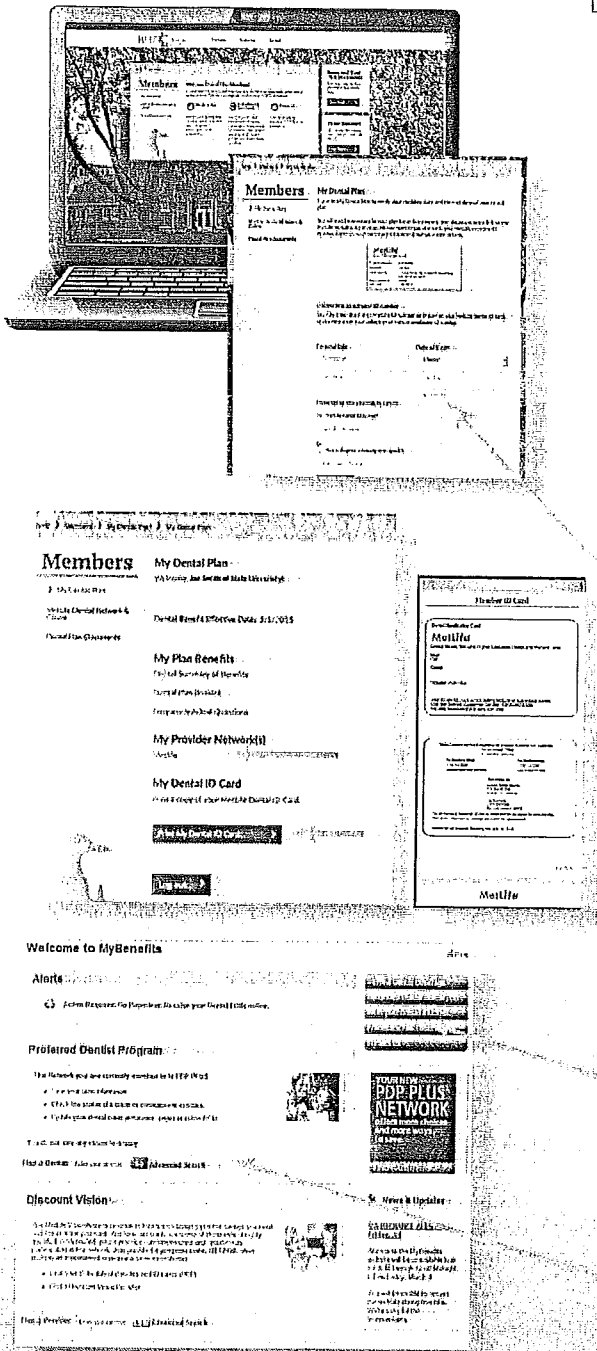
- Print your MetLife dental ID card
- Access your MetLife Employee Benefits page to:
 - View your dental claims
 - Get answers to claim questions
 - Find network dentists near you

Get Started:

- 1 Go to HealthPlansInc.com/bhe
- 2 Choose Members
- 3 Click My Dental Plan and log in
- 4 Click Print My Dental ID Card to view or print a copy of your card
- 5 Click MetLife to access your personal MetLife Employee Benefits page
- 6 View the menu on the upper right corner of the MetLife Employee Benefits page to:
 - Review Dental Coverage

Use the tools in the center of the page to:

 - Check the status of a claim
 - Find a Dentist



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