BHE Dental Plans

hpi

2025 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, 2025.**

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, 2024.**

Clear Form

COVERAGE ELECTION	
☐ I **DO** wish to participate in this dental plan. I authorize the appropriate payroll deduction.	☐ 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: ☐ Employee only ☐ Family	**Change in Family Status:** ☐ Addition of Dependent(s) ☐ 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) UMass Amherst			

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

☐ 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, 2024.