

125 Barclay Street
New York, N.Y. 10007-2179

Health & DC37 Security Plan

August 6, 2018



RE: GHI In-Network Dental Benefit Plan

Dear Unit Member:

The DC 37 Health & Security Plan is making the GHI In-Network Dental Benefit Plan available to our participants who both live and work outside New York City. The GHI In-Network Dental Benefit Plan is an alternative dental benefit to the DC37 Health & Security Plan's dental benefit.

In order to enroll and participate in the GHI In-Network Dental Benefit Plan, all of the following must apply:

1. The unit member must both live and work outside of New York City (the five boroughs). The geographic eligibility area for the GHI In-Network Dental Benefit Plan includes areas such as Westchester, Rockland, Nassau, Suffolk, and Orange counties, as well as neighboring states (New Jersey, Pennsylvania, and Connecticut).
2. The unit member and their entire family would have to opt in, that is, elect the GHI In-Network Dental Benefit Plan as an alternative to the DC 37 Health & Security Plan dental benefit.
3. The unit member and their entire family would have to remain in this program for a full calendar year.
4. The unit member and their entire family would have to use a GHI In-Network participating dentist on an "in-network basis"; that means there would be no out-of-network, direct reimbursement benefits available.

If you are interested in this benefit plan, the enclosed GHI In-Network Dental Benefit Election Form must be fully completed (including work location, work and home address, and phone numbers) and sent to Dental Unit Manager Marie Lomonte at DC 37 Health & Security Plan, 125 Barclay Street, 8th Floor, Dental Unit, New York, New York 10007. Ms. Lomonte can be reached at telephone number: 212-815-1609 with any questions.

In Solidarity,

A handwritten signature in black ink, appearing to read "Jodi P. Goldman", with a long horizontal flourish extending to the right.

Jodi P. Goldman
Associate Administrator

**GHI IN-NETWORK DENTAL BENEFIT ELECTION FORM
(FOR MEMBERS WHO LIVE & WORK OUTSIDE NYC)**

New Enrollment
 Reinstatement
 Termination

Address Change
 Name Change
 Former Name _____

Change of Dependent*
 Add Spouse
 Delete Spouse
 Add Child(ren)
 Delete Child(ren)

*Please attach Appropriate Documentation
 Marriage, Divorce or Birth Certificate

Change Contract to: Individual
 Family

PLEASE PRINT CLEARLY

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE INITIAL</u>
<u>SOC. SEC. # / PID #:</u> _____		<u>DATE OF BIRTH:</u> MO. ___ DAY ___ YEAR _____
<u>HOME ADDRESS:</u> _____		
<u>STREET ADDRESS</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
		<u>HOME TELEPHONE #</u>
<u>EMPLOYER NAME</u>	<u>WORK ADDRESS/ZIP CODE</u>	<u>WORK PHONE#</u>
_____	_____	_____
<u>MARITAL STATUS</u> (CHECK ONE):	SINGLE _____	SEPARATED _____
	MARRIED _____	DIVORCED _____
		WIDOWED _____
		DOMESTIC PARTNER _____
<u>DATE OF MARRIAGE/REGISTRATION OF DOMESTIC PARTNER:</u>		MO. ___ DAY ___ YEAR _____
<u>DATE OF DIVORCE OR SEPARATION:</u>		MO. ___ DAY ___ YEAR _____
<u>DATE WIDOWED:</u>		MO. ___ DAY ___ YEAR _____
<u>DEPENDENTS FIRST AND LAST NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>
	M F	MO DAY YEAR
	M F	MO DAY YEAR
	M F	MO DAY YEAR
	M F	MO DAY YEAR
I UNDERSTAND AND AGREE TO ELECT THE GHI IN-NETWORK DENTAL BENEFIT, FOR MYSELF AND ELIGIBLE DEPENDENTS, IN LIEU OF THE DC 37 HEALTH & SECURITY PLAN BENEFIT FOR ONE YEAR.		
<u>MEMBER'S SIGNATURE</u>		<u>DATE</u>
_____		_____