

IOWA LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
C/O BENEFITS MANAGEMENT GROUP, INC
150 FIRST AVENUE N.E. SUITE 450
CEDAR RAPIDS, IA 52401
Phone 319-365-2810 Fax 319-365-1043

Benefit Information Sheet **(Dental/Medical)**
This form must be completed in full. Please Print or Type.

Members Name: _____ Birth Date _____
Local Union: _____ Social Security Number _____
Street Address: _____
City, State, Zip Code: _____
Home Phone Number: _____
Marital Status: Married _____ Single _____

Please list dependent below (only if you have family coverage)

<u>Name</u> <small>(Last, First, M.I.)</small>	<u>Birth Date</u> <small>(M/D/Y)</small>	<u>Sex</u> <small>(M/F)</small>	<u>Soc Sec#</u>
Spouse: _____			
Child: _____			
Child: _____			
Child: _____			
Child: _____			
Child: _____			

Please enclose a copy of the state or county Birth Certificate for each dependent. If the last name is different for a child, please indicate relationship.

Please enclose a copy of your state or county marriage certificate for your spouse.

If dependent child is 19 or over, please attach a copy of the fulltime student verification form from the School/College (this must be provided every 6 months for continuous coverage)

Spouse Insurance Co _____ Policy No _____

Spouse's effective date of insurance coverage _____

Member's Signature _____ Date: _____

Please return completed form and certificates to the address listed above.

Iowa Laborers' District Council Health & Welfare Plan
2415 Ingersoll., Des Moines, Iowa 50312-5233
Telephone 515-288-2135 - FAX 515-288-9477
Toll Free 866- 280-5348

Dental Option Election Form

Dental benefits are provided under two forms in the H/W Plan. These benefits are different depending upon which plan you elect to participate in. A short explanation of these differences is enclosed, but generally Option One is a free choice of dental provider with an annual benefit not exceeding \$900, and Option Two is an agreement to utilize members of a panel with whom the trustees have an agreement which provides an annual benefit of \$1500. Your election will apply to all members of your family (if you have a family plan).

If you do not make an election within thirty (30) days of initial eligibility in the Plan you, and your eligible dependents, will be placed in Option Two automatically.

Your election or placement will remain in effect until January 1 of each year. You will be allowed to switch plans only at that time.

I elect Dental Option One of the Laborer's H/W Plan and I will go to the dentist of my choice with a lower schedule of benefits. _____.

(Please place an "X" in the space provided if you elect Option One)

I elect Dental Option Two of the Laborer's H/W Plan and I will go to a Dental Office participating in the Plan with the higher schedule of benefits. _____.

(Please place an "X" in the space provided if you elect Option Two)

Please complete the following information to complete the process of your election:

Employee Signature

Employee Name (Please Print)

Employee Social Security No.

Date

IOWA LABORERS DISTRICT COUNCIL HEALTH and WELFARE FUND
Dental Care Benefits

Dental Care Benefits – Option One:

Free Choice of Provider Dentist

Annual Deductible Amount (per covered individual)\$25.00

Preventative and Diagnostic Services

Co-Payment Plan Pays 100%

Co-Payment Participant Pays 0%

Basic and Restorative Services

Co-Payment Plan Pays 80%

Co-Payment Participant Pays 20%

Major and Prosthodontic Services

Co-Payment Plan Pays 50%

Co-Payment Participant Pays 50%

Maximum amount Payable (aggregate of all Dental Care Benefits)\$900.00

..... Par Person per Benefit Year

Dental Care Benefits – Option Two:

Participating Panel Dentist (see listing on reverse)

Annual Deductible Amount (per covered individual)\$25.00

Preventative and Diagnostic Services

Co-Payment Plan Pays 100%

Co-Payment Participant Pays 0%

Basic Services

Co-Payment Plan Pays 85%

Co-Payment Participant Pays 15%

Major Services

Co-Payment Plan Pays 50%

Co-Payment Participant Pays 50%

Maximum amount Payable (aggregate of all Dental Care Benefits)\$1,700.00

..... Per Person per Benefit Year

The following dental offices are participating dental offices under the Iowa Laborers District Council Health and Welfare Fund's dental benefits.

Lindale Dental Care
3730 First Avenue N.E.
Cedar Rapids, Iowa 52402
319-362-2313

Valley West Dental
Clocktower Professional Plaza
1720 28th Street – Suite C
West Des Moines, Iowa 50266
515-224-4800

Windsor Hills Family Dentistry
3300 Windsor Avenue
Dubuque, Iowa 52001
563-557-7400