NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' HEALTH FUND

Optional CarePlus Dental Election Form

Participant Name: ____ ID: _____________________

Address: ____

City: _________________________________ State: ______ Zip Code: ______________________

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I certify that I have received materials describing the North Central States Regional Council of Carpenters' Health Fund (the "Fund") dental benefit options, and I understand my election.

I understand that I cannot change my election until the next open enrollment period, which will be approximately October 2020 for the Plan Years 2021-2022.

Special Enrollment

If you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll such Dependent, provided you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you are not currently retired, you may have an opportunity to make a new election at the time of your retirement.

I understand that:

- By signing this form, I hereby elect the CarePlus Dental Option.
- My election applies to me as well as my Dependents.
- My election will take effect the first day of the second month after the Fund Office receives my form.
- I cannot revoke this election prior to December 31, 2020. The Initial Enrollment Period includes the months in the calendar year following your initial enrollment and the next calendar year. Please contact the Fund Office if a Dependent qualifies for the Special Enrollment exception described above.
- My election terminates when I become ineligible for participation in the Health Fund.

I have read and agree to the terms of the participation in CarePlus Dental set forth in this Optional Dental Election Form.

Participant's Signature: ____________________________________ Date: _____________

Please return this CarePlus Optional Dental Election Form no later than July 31, 2019, to:

North Central States Regional Council of Carpenters' Health Fund
PO Box 4002
Eau Claire, WI 54702

If you have any questions, please contact the Fund Office at 1-800-424-3405.