Plan Enrollment Form. You must return the Enrollment Form fully completed to be eligible. Each person must enroll in this dental program for a minimum of one year. Plan reserves the right to transfer patient to the nearest dentist office if anyoffice receives an insufficeint enrollment.

Benefits Unlimited Insurance Services
PO Box 3119
San Rafael, CA 94912
(415) 459-5019 Fax:(415) 459-2124

Social Security No.	Last Name	First	Initial	Birthdate Mo. Day Yr.	Sex Male ☒ Female ☐

Home Address

Name and Address of Employer or Organization | Job Title

Telephone Number (Home) (Work) | Date Hired

Marital Status: ☒ Married ☐ Single ☐ Widowed ☐ Divorced

PAYMENT CHOICE
- ☒ 1199/1187 GOV'T PAYCHECK
- ☐ BANK AUTH PLAN
- ☐ ANNUAL PAYMENT

PLAN CHOICE
- ☐ 500 A
- ☐ 500 B
- ☐ 100 Money Saver
- ☒ Plan 1

Dental Center No. (If Applicable) _____

LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW

Last Name (if different)	First Name	Initial	Sex M F	Birthdate Mo. Day Yr.	Last Name (if different)	First Name	Initial	Sex M F	Birthdate Mo. Day Yr.
2. Spouse			F		5.			F	
3. Child			F		6.			F	
4.			F		7.			F	

Does Spouse have a dental plan? ☐ Yes ☒ No With whom? _____
If answer is "Yes" are dependents enroled under spouse's plan? ☐ Yes ☒ No

OFFICE USE ONLY | GROUP # | EFFECTIVE DATE

I UNDERSTAND THIS CONTRACT IS FOR A MINIMUM OF TWELVE MONTHS, AND RENEWED FOR TWELVE MONTHS PERIODS THEREAFTER. PLAN REQUIRES THIRTY DAYS WRITTEN NOTIFICATION OF INTENT TO CANCEL, AND IN THE EVENT OF SEPERATION OR TERMINATION, I AGREE TO PAY THE BALANCE OF ANNUAL PREMIUMS.

X _____ DATE _____

MEMBER'S SIGNATURE

UNITED STATES
POSTAL SERVICE™

DIRECT DEPOSIT

Privacy Act: The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information is used to transfer your salary or portion thereof, to financial organizations for credit to your designated account. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain informaiton relevant to a USPS decision concerning employment, security clearances, contacts, licenses, grants, permits, or other benefits; to a government agency at your request when relevant to its decisionconcerning employment, security clearances, security or suitable investigations, contracts, licenses, grants, permits or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fullfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review or private relief legistlation; to an independent certified public accountant during an official audit of USPS finiances; to an investigator, adminstrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEo complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Adminstration, Veterans Adminstration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employees/annuitant data systems used to analyze Federal Ritrement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, your desires may not be met.

Part I - (Initiated by Employee)

1. **Employee Name** *(As Shown on Check)*

2. Social Security Number

3. **Home Address** *(No. and Street, Apt, City, State, Zip+4)*

4a. Postal Installation Where Employed *(City, State, Zip+4)*

Employee ID

PostalEASE PIN Number

4b. Finance Number

Password

5a. REQUIRED Action (Check ONLY One)

☐ ESTABLISH a Net Check ☐ CANCEL a Net Check ☐ CHANGE a Net Check Financial Organization

5b. ESTABLISH an ALLOTMENT in the Amount of:
$

5c. CHANGE My PRESENT ALLOTMENT
FROM: $ TO: $

5d. CANCEL my ALLOTMENT in the Amount of:

5e. Check (✓)This Item if You Have More Than One Allotmentto a Financial Organization
☐

I certify that I am entitled to the payment identfied above, and that I have read and understand the information printed above. In signing this form, I authorize my payment to be sent to the financial organization named below to be deposited to the designated account.

6a. Employee (Signature)
X

6b. Date Signed

6b. Effective Date **ASAP**

Part II - (Completed by Financial Organization, Return Original and Copy to Employee)

Financial Organization Certification

I confirm the identity of the above signed named payee(s) and the account number in title. As representative of the below named financial organization, I certify that the financial organization agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. Pursuant to Treasury Department regulations, multiple deposits will not be made to a single common account, except for those accounts (such as husband and wife) in which employees name(s) appear in the title.

7a. Financial Organization (Name, No. and Street, City, State, ZIP + 4)

CHASE MANHATTAN BANK, N.A.
1 CHASE MANHATTAN PLAZA
NEW YORK, N.Y. 10081

7b. Financial Organization Routing Number — Check Digit

0 2 1 4 0 9 1 6 — 9

7c. Employee's Account Number to Be Credited (Up to 17 positions)

0 1 5

7d. Type of Account

☒ Savings ☐ Checking

Authorized By

8a. Name (Print or Type)
ALLEN J. RUSKIN

8a. Title
VICE PRESIDENT

8c. Signature

8d. Date Signed
JAN 1, 2005

1 Request must be received at DDE site no later than Wednesday of the week in which the pay period ends in order to be effective for a particular pay period. Later receipts will be processed the following pay period.
2 Financial organizations must furnish their routing transit number (the number assigned by Rand McNally). This is an eight digit number plus a single digit. It is IMPORTANT that this number be accurate, as disbursements will be made according to this routing number

NOTE: The Employee must return in the original to the Personnel Office for processing.