TEHW
Transit Employees' Health and Welfare Plan

Active Enrollment Form

Name: _____ Employee #: _____
Date of Birth: ____/_____/_____ Last four digits of SSN: _____
Email: _____ Phone Number: _____-_____-_____

Does your spouse work for WMATA? ☐ Yes ☐ No
Spouse's Name (If Employed with WMATA):_____
Employee #: _____

MEDICAL PLANS WITH PRESCRIPTION DRUGS

CareFirst PPO/Davis Vision	☐ Single	☐ Family	☐ Spousal Credit
BlueChoice HMO/Davis Vision	☐ Single	☐ Family	☐ Spousal Credit
Kaiser Permanente HMO/NVA Vision	☐ Single	☐ Family	☐ Spousal Credit

DENTAL PLANS

CareFirst Dental PPO	☐ Single	☐ Family
CareFirst with Orthodontics PPO	☐ Single	☐ Family
CIGNA Dental DHMO	☐ Single	☐ Family

VOLUNTARY BENEFITS

☐ Opt Out of Coverage

To do so, you must complete an opt-out form and provide proof of non-WMATA coverage to avoid automatic enrollment in the default plan).

☐ Spousal Coverage

A separate form is required. The Spousal Credit form is available at the Health and Welfare office or online at tehw.org/member-resources/forms-and-documents/).

☐ Update Beneficiary or Supplemental Life Insurance

(To enroll in Supplemental Life or change your election, visit www.MetLife.com/mybenefits).

If you remove a dependent, please indicate the address separately, so that we may send them a COBRA notice, if applicable. Dependents removed during open enrollment do not automatically qualify for COBRA coverage.

ADD/DROP DEPENDENTS	**Provide a copy of the Social Security card (dependents and spouse), original birth certificate (dependents), as well as a marriage certificate (spouse).*

Spouse's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

Child's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

Child's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

Child's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

Child's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

Child's Name (Last, First, Middle): ______________________________

Date of Birth: ____/_____/_____ Gender: ☐ Male ☐ Female SSN #: _____-_____-______

☐ *Add ☐ Remove

SIGNATURE

Name: ______________________________ Date: ________________