TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN
2701 Whitney Place #100
Forestville, Maryland 20747
P: 301-568-2294 F: 240-745-3956 E: INFO@TEHW.ORG

CHANGE OF ENROLLMENT FORM

Name: _____ Employee #: _____

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

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____-_____-_____

Spouse's Name (If Employed with WMATA): _____

Spouse's Employee #: _____

☐I wish to opt out of coverage
An separate opt-out form is required along with proof of non-WMATA coverage to avoid automatic enrollment in the default plan).

☐Spousal Credit
A separate form is required. The spousal credit form is available at the TEHW office or online at ***https://tehw.org/member-resources/forms-and-documents***

☐Update Beneficiary or Supplemental Life Insurance
(To enroll in Supplemental life or change your election, visit ***Metlife.com/mybenefits****)*

(Please provide copies of original birth certificates and Social Security cards for your dependents (spouse and children), as well as your marriage certificate)

Medical Plans:

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

Dental Plans:

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

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Add/Drop Dependents: **(Please provide copies of original birth certificates and Social Security cards for your dependents (spouse and children), as well as your marriage certificate)**

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

Signature: _____ Date: _____/_____/_____