

EAA DENTAL

2023 OPEN ENROLLMENT

City of Los Angeles • Personnel Department • Employee Benefits Division • 213-978-1655



SECTION A

EMPLOYEE/SUBSCRIBER INFORMATION			
Name (Last, First, Middle Initial)		Employee ID or Social Security Number	Sex (M / F)
Address	City	State	Zip Code
Phone Number	Email Address		

SECTION B

I am currently enrolled an EAA dental plan and would like to ENROLL into an LAwell dental plan.		I am currently enrolled in an LAwell dental plan and would like to ENROLL into an EAA dental plan*.	
<input type="checkbox"/>	LAwell - Delta Dental Preventative Only	<input type="checkbox"/>	EAA - United Concordia Dental HMO
<input type="checkbox"/>	LAwell - DeltaCare USA DHMO	<input type="checkbox"/>	EAA - United Concordia Basic PPO
<input type="checkbox"/>	LAwell - Delta Dental PPO	<input type="checkbox"/>	EAA - United Concordia High Option PPO

*Employees enrolling into an EAA dental plan for the 2023 benefit year must contact EAA at benefits@eaaunion.org to confirm eligibility and request a dental package. Enrollment application must be completed and returned to EAA by **October 31, 2022**.

Your LAwell or EAA dental plan election will take effect **January 1, 2023**.

SECTION C

DEPENDENT INFORMATION FOR DENTAL COVERAGE							
Name	Sex		SSN	Relationship	Birth Date	Dental Coverage	
	Female	Male				Add	Delete

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You have until **November 1, 2022** to submit this change form to the Employee Benefits Division. However, if enrolling into an EAA dental plan, the EAA enrollment application must be completed and returned to EAA by **October 31, 2022**.

If you have added dependents during Open Enrollment, you will be required to submit proof for each new dependent. You have until **December 9, 2022** to submit supporting documentation to the Employee Benefits Division. This includes, but is not limited to, documents such as birth certificates, marriage certificates, divorce decrees, court orders, full-time student certificates, Cash-In-Lieu Affidavits, Domestic Partnership Affidavits, etc.

All required documentation, including this form, must be submitted to:

City of Los Angeles - Personnel Department
 Employee Benefits Division
 200 North Spring Street, City Hall #867
 Los Angeles, CA 90012

You may also fax or email the documents as follows:
 Fax: (213) 978-1623
 Email: per.empbenefits@lacity.org
 (E-mail is preferred so that you can receive an acknowledgement of receipt.)

For questions, please contact EBD EAA Dental Coordinator at (213) 972-8179

SECTION E

I understand this election will remain in effect so long as I remain eligible or until I make another election during a valid enrollment period or qualifying life event. I hereby authorize 1) the City of Los Angeles' Office of the Controller to deduct my share of monthly premiums from my salary as a result of this election; and/or dental insurance provider to pay claims under the plan selected. By signing this form, I indicate my interest in enrolling myself and any listed dependents into the City's LAwell Plans and I understand that it is my responsibility to report any change in the eligibility of my dependents.

_____ Employee's signature (This form is not valid unless you sign it.)	_____ Date