WHIT
Benefits for Healthcare Employers in the Northwest

WESTERN HEALTHCARE INSURANCE TRUST (WHIT)

Email: WHIT@BSITPA.com Phone: (206) 859-2600 Fax: (206) 859-2627
Return Form To: PO Box 6 Mukilteo WA 98275

Employee Enrollment/Change Form

WHIT Account Number

Please mark all boxes that apply and return to your Human Resources Department.

EMPLOYER

Group Name	Employee Date of Hire:	Effective Date:	Salary:	Employee Billing Class:
ENROLLMENT (check one): ☐ New Employee ☐ Open Enrollment ☐ Status Change	Enrollment/Change Reason: (circle one) Marriage, divorce, birth, adoption, death, involuntary loss of coverage, change in class, court order, or other _____			Date of Event:

EMPLOYEE

Home Address:	City	State	Zip	Home Phone

ADD	DROP	Relationship to Employee	Last Name	First Name	SSN	Date of Birth	Gender M	Gender F
☐	☐	Employee						
☐	☐	Spouse/Domestic Partner						
☐	☐							
☐	☐							
☐	☐							
☐	☐							

BENEFICIARY

This designation applies to Basic Life / Basic Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated and delivered to the employer during your lifetime.

Primary- Full Name	Relation	Address	SSN	% of Benefit
Contingent- Full Name	**Relation**	**Address**	**SSN**	**% of Benefit**

COVERAGES

5Ŝtűl· Dental 2ŕ ² l·ăKłyƎú2y´ 9706 4th Ave NE Seattle, WA 98115	Duel Choice ☐ Group# _____	Employee Only ☐	Employee + Spouse ☐	Employee + Child(ren) ☐	Employee + Family ☐	Decline ☐
Willamette Dental of Washington, Inc. 6950 NE Campus Way Hillsboro, OR 97124		Employee Only ☐	Employee + Spouse ☐	Employee + Child(ren) ☐	Employee + Family ☐	Decline ☐
Superior Vision 1101 White Rock Rd Rancho Cordova, CA 95670		Employee Only ☐	Employee + Spouse ☐	Employee + Child(ren) ☐	Employee + Family ☐	Decline ☐
Vision Service Plan 333 Quality Drive Rancho Cordova, CA 95670		Employee Only ☐	Employee + Spouse ☐	Employee + Child(ren) ☐	Employee + Family ☐	Decline ☐

The Standard 1100 SW 6th Ave Portland, OR 97204	Basic Life ☐ Class_____	Basic Dep Life ☐	LTD ☐ Buy Up ☐ Class_____	STD ☐ Class_____	Voluntary Life or ADD ☐ The Standard's Enrollment Form must be completed to apply for this coverage.

The undersigned understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

_____
Employee Signature & Date (Required)