



WESTERN HEALTHCARE INSURANCE TRUST (WHIT)
 Email: WHIT@vimity.com Phone: (425) 367-0731 Fax: (206) 859-2627
 Return Form To: PO Box 6, Mukilteo, WA 98275

WHIT Account Number

Employee Enrollment/Change Form

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):		Enrollment/Change Reason: (circle one)						Date of Event:		
<input type="checkbox"/> New Employee <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Status Change		New Hire Change in Class Marriage Divorce Birth Adoption Death Termination Involuntary Loss of Coverage Court Order Other:								
Home Address:		City:		State:	Zip:	Home Phone:				
EMPLOYEE		ADD	DROP	Relationship to Employee	Last Name	First Name	SSN	Date of Birth	Gender	
		<input type="checkbox"/>	<input type="checkbox"/>	Employee					M F	
		<input type="checkbox"/>	<input type="checkbox"/>	Spouse/Domestic Partner						
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
This designation applies to Life / 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.										
BENEFICIARY		Primary- Full Name		Relation	Address		SSN	% of Benefit		
		Contingent- Full Name		Relation	Address		SSN	% of Benefit		
COVERAGES		Delta Dental of Washington 400 Fairview Ave N, Ste 800 Seattle, WA 98109-5375		<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren)		<input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Family		<input type="checkbox"/> Decline <input type="checkbox"/> Decline <input type="checkbox"/> Decline	
		Vision Service Plan 333 Quality Drive Rancho, Cordova, CA 95670		<input type="checkbox"/> Basic Life <input type="checkbox"/> Basic Dep Life <input type="checkbox"/> LTD <input type="checkbox"/> Buy Up Class	<input type="checkbox"/> Voluntary Life or ADD The Standard's Enrollment Form must be completed to apply for this coverage.					
		The Standard 1100 SW 6 th Ave, Portland, OR 97204								
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)	