Any UTIT member that has worked at least one day this school year and will be employed for the 2024-2025 school year is eligible for dental and vision coverage.

**If you are a new enrollee or have any changes (i.e., got married, moved, had a child, etc.) please complete a new enrollment form:** [**Enroll/Change/Delete/Form.pdf**](https://drive.google.com/file/d/1df4lFrfenZ51wcXuvqFi5GYo5Tmp2TeP/view?usp=drive_link)

**\*\*PLEASE PRINT AND COMPLETE ENROLLMENT FORM ONLY IF NEEDED\*\***

**Reminder**:

If you are a late enrollee for **dental coverage** (you didn’t enroll when first eligible or didn’t maintain continuous dental coverage), please note the late enrollment information that will apply to you. [(click here for more info)](https://docs.google.com/document/d/1x7PUF7MD6qaPmYh-FHgukhYQgL6FyP_e6UPIe5qNuAo/edit?usp=sharing)

There is a 12 month “wait” period before you are eligible for a new vision claim for glasses or contacts. After the date you put in a claim for glasses or contacts, you will not be eligible to put in another claim for another 12 months. (assuming you have continued your coverage). For example, if you bought new glasses on 3/1/24 you cannot put in a new claim until **AFTER** 3/1/25.

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**2024-2025 Dental/Vision Enrollment**

If you are not sure what coverage you have, please ask the person collecting from your building.

**Please indicate with an “X”, if you wish to participate:**

**Dental Coverage Choices:**

Family Dental Coverage $270\_\_\_\_\_\_\_\_\_\_\_\_

Individual Dental Coverage $125\_\_\_\_\_\_\_\_\_\_\_\_

**Vision Coverage Choices:**

Family Vision Coverage $60\_\_\_\_\_\_\_\_\_\_\_\_

Individual Vision Coverage $30\_\_\_\_\_\_\_\_\_\_\_\_

Checks made out to: **UTIT Welfare Fund**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*You must fill out an enrollment form if: You are a new entrant, got married, changed addresses, switching from individual to family (or vice versa), dropping coverage, name change, adding a dependant, etc) ANY CHANGES TO YOUR PLAN

Please give your check and completed form to one of the representatives listed below. If you have any changes, or are a new entrant, you also must fill out the Ameritas form. Checks are due by **June 7th**. **Checks will NOT be cashed before July 3, 2024.** An email will be sent out before cashing the checks.

Please click here for current dental/vision coverages: (Current as of 5/15/24)

[Group Dental Plan: 026-301528](https://drive.google.com/file/d/1LtcYw75v8xBd8zcVve8dD3MfC5Pf5IQL/view?usp=drive_web) [Group Eye Care Plan: 026-301528](https://drive.google.com/file/d/1LEBDOcG5BfmPk_r_ZAsLy8EXxZJGnSE1/view?usp=drive_link)

Please create an online account to find dental providers in your area, print your cards, and see your claims. [Online Access](https://docs.google.com/document/d/1q70XwxroDo-DkexcvgCadtmy7UkZRkUDZzh5V6I2GC4/edit)

Please return the enrollment form with a **check** made out to:

**“UTIT Welfare Fund”** to the following building representatives below:

**High School: Brian Higgins**

**Middle School: Jeff Esposito**

**Stokes: Patti Fabrizio**

**Sparke: Christine Saporito**