

DENTAL PLAN BENEFITS

WESTERN STATES HEALTH & WELFARE
TRUST FUND OF THE OPEIU
1220 S.W. Morrison, Suite 300
Portland, OR 97205-2222
Portland Area: (503) 224-0048 All Other Locations: (800) 547-4457

HOW TO REQUEST BENEFITS

1. COMPLETE THE “PATIENT INFORMATION” (ITEMS 1 THROUGH 12) ON THE ABOVE FORM.

If you wish your dental benefits paid directly to your dentist sign item 13.

2. HAVE YOUR DENTIST COMPLETE THE “DENTIST OR SUPPLIER INFORMATION”.
3. ATTACH THE COMPLETED “BENEFIT REQUEST FORM” TO THE BILLS AND MAIL THEM TO THE PLAN ADMINISTRATOR AT THE FOLLOWING ADDRESS BELOW.
4. A SEPARATE FORM MUST BE SUBMITTED FOR EACH FAMILY MEMBER FOR WHOM A CLAIM FOR BENEFITS IS BEING MADE.

WHERE TO FILE A CLAIM:

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CHECK YOUR ELIGIBILITY – CALL THE ADMINISTRATION OFFICE

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