

MEMORANDUM

PERSONNEL MANAGEMENT LIAISONS

DATE: April 11, 1994
Reference Code: 94-21

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS
SUPERVISORS AND PERSONNEL TRANSACTIONS STAFF

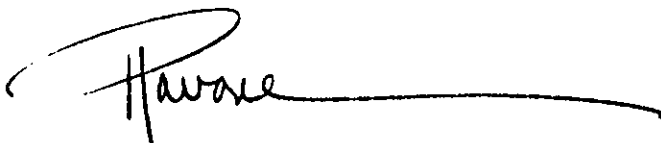
FROM: Department of Personnel Administration
Benefits and Training Division

SUBJECT: Revised DPA 047 Form - Unit 13 Trust Benefit Enrollment Authorization

The purpose of this memo is to provide a newly revised Unit 13 Trust Benefit Enrollment Authorization (DPA 047) Form. This form is used to enroll or make changes for Bargaining Unit 13 members in the Stationary Engineers Benefit Trust Dental Plan.

You will notice a change to the original formatting of the DPA 047 Form and the addition of a "privacy notice" which employees should read before providing their Social Security Number (SSN). DPA was recently notified that Delta Benefit Plans are the new Plan Administrators. The form revision includes their company name and address for distribution.

Please use this new form for all new enrollments and changes in the Unit 13 Benefit Trust Dental Plan. A Copy of this form is attached. Additional copies may be duplicated as needed. All old DPA 047 Forms (rev. 8/87) should be destroyed or recycled. If you have any questions regarding this information you may contact William Page, Dental Program Analyst at (916) 324-0525 or CalNet 454-0525.



Patricia Pavone, Chief
Benefits and Training Division

Enclosure



UNIT 13 TRUST
BENEFIT ENROLLMENT AUTHORIZATION

DISTRIBUTION

- A. Delta Benefit Plans
P.O. Box 1147
Stockton, CA 95201-1147
- B. Employee
- C. Employee's Official Personnel File
- D. Public Employee's Retirement System
BENEFITS DIVISION (RE: UNIT 13)
400 P Street
Sacramento, CA 95814
- E. Stationery Engineers Local #39 TRUST FUND
337 Valencia Street
San Francisco, CA 94103

DISTRIBUTE TO A, B, C & E FOR ALL CHANGES EXCEPT RETIREMENT: TO A, B, C, D & E FOR RETIREMENTS

II. EMPLOYEE INFORMATION

NAME (first, middle, last)	SOCIAL SECURITY NUMBER
AGENCY NAME/FACILITY	WORKSITE ADDRESS

III. TYPE OF PERSONNEL ACTION

(check one)

- Newly appointed to Unit 13
- Transferred into Unit 13
- Gained eligibility as Permanent Intermittent
- Separated
- Retired
- Transferred out of Unit 13
- Lost Permanent Intermittent eligibility
- On NON-PAY STATUS (leave of absence, pending disability, etc.)

EFFECTIVE DATE OF BENEFIT ACTION: ___ / ___ / ___

IV. I.U.O.E. BENEFIT ACTION

(check one)

- BENEFITS BEGIN
- BENEFITS TERMINATE
- BENEFITS CARRY ON INTO RETIREMENT (if checked, send photo copy of this form to PERS, Benefits Division.)

EFFECTIVE DATE OF BENEFIT ACTION: ___ / ___ / ___

V. COMMENTS

EMPLOYEE SIGNATURE	DATE	TELEPHONE NUMBER
AUTHORIZED SIGNATURE	DATE	TELEPHONE NUMBER

