

Enrollment Check List

- 1.) Enrollment form selected for the desired plan.
Dental Plan:_____
- 2.) If you have selected the optional vision plan
make sure that is available in your area.
- 3.) Direct deposit 1199A payroll deduction form
filled out and:
 Original copy sent to payroll.
 Copy sent to NWPA
- 4.) Your rates calculated from your selected plan(s)
and your union affiliation and status:
Rates for IFPTE Union member (biweekly): _____
If retired (monthly): _____
Rates for IFPTE Associate member (biweekly): _____
If retired (monthly): _____
- 5.) Remember to check your forms for completeness.
Including:
 - Dentist selected
 - Signed and dated form
- 6.) Your email address: _____
Work Phone# _____
- 7.) Mail all forms, including this checklist to:

Northwest Plan Administrators
1805 Tabor St.
Eugene, OR 97401
<http://www.nffedental.com>