



# UA Local 740 Benefit Trust Funds

**Leslie Wells**  
Benefits Administrator

**Mailing Address:**  
P.O. Box 156  
Mt. Pearl, NL  
A1N 2C2

**Street Address:**  
48 Sagona Ave.  
Donovan's Ind. Park  
Mt. Pearl, NL  
A1N 4R3

**Tel:**  
(709) 747-2249,  
ext 308

**Fax:**  
(709) 747-2335

**Email:**  
lwells@ualocal740.ca

Please present this page with your benefit card at the time of payment for your dental services.

## Electronic Dental Transmission Information

Carrier = Express Scripts Canada (ESC) (or could also be "NDC Version 4")

Carrier/BIN # = 610158

Group # = 00551000

Certificate # = from the card

Patient's Name = must match exactly

Patient's Date of Birth = must match exactly

Relationship = varies depending on software; we only accept child when it is a child and only accept other for a disabled dependent.

Address

Assignment = who needs to be paid member or dentist, we accept assignment to the dentist for Electronic Dental Transmissions only.

Gender

Claim details

