

**Washington State Council of County & City  
Employees Health & Welfare Trust**

**Dental Identification Card**

*Administered by WPAS, Inc.*

**ID#:** \_\_\_\_\_

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

**Grp No:** F36

**PPO:** Smile Dental Network

**Members:** Present this card to your dentist at the time of service.

**For eligibility, benefits and claim  
inquiries call WPAS, Inc.**

**Submit Dental Claims to\*:**

**Members:** 1-866-986-1615

WSCCCE

**PPO Provider Locator:** 1-866-986-1615

PO Box 34687

**Providers:** 1-800-735-7053

Seattle WA 98124

[www.council2trust.com](http://www.council2trust.com)

\*Submit dental claims electronically to Change Healthcare Payor ID 91136

*This card is for identification only. It is not a guarantee of benefits or eligibility.*

Ask your dentist to submit a pre-treatment estimate if dental costs are expected to be extensive.