



CHANGE OF DENTAL COVERAGE PLAN

YEAR 2024-2025

Open Enrollment 5/01/24 - 5/24/24

EMPLOYEE NAME: _____

I am currently enrolled in dental *Plan* _____ and I would like to switch my enrollment to *Plan* _____, effective 7/01/2024. I understand that:

- This is a one-time opportunity during the Open Enrollment period for Plan Year 2024-2025.
- Once this change goes into effect I will not be able to change plans again until the next Open Enrollment period (with the exception of a "qualifying event").

NOTE: Plan A has orthodontia benefits for dependents up to 19 years of age. Plan B does not have any orthodontia benefits. Please refer to your Benefit Rate Sheet for the bi-weekly deduction amounts for both plans.

Deadline for submission is 5/24/2024.

(Signature)

(Date)