



RETIREE DENTAL CHANGE FORM

NAME: _____ SSN: _____

CURRENT ELECTION:

DENTAL PLAN:	☐ CORE	☐ BUY-UP
COVERAGE TIER:	☐ RETIREE ONLY	☐ FAMILY

NEW ELECTION:

DENTAL PLAN:	☐ CORE	☐ BUY-UP
COVERAGE TIER:	☐ RETIREE ONLY	☐ FAMILY

DEPENDENT INFORMATION:

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

Effective Date: _____

Deduction Amount: _____ Deduction Starting Date: _____

SIGNATURE _____ DATE _____

START COLLEGE NOW! COMPLETE EARLY! GO FAR!

601 E. Kelly St., Pharr, TX 78577 P: (956) 354-2029 www.psjaisd.us

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