

Sussex Wantage Regional School District

Participation and Waiver Form

THIS FORM IS REQUIRED FROM EVERY BENEFITS ELIGIBLE EMPLOYEE

These elections are effective **July 1, 2026 through June 30, 2027**

GROUP DENTAL via Delta Dental (check one)

	<u>Tier</u>
☐	Employee Only
☐	Employee +1
☐	Employee +2 or more

- ☐ I AM KEEPING DELTA DENTAL THE SAME THIS SCHOOL YEAR
- ☐ I AM CHANGING MY ENROLLMENT - i.e., Plan Election change and/or dropping or adding dependents.
- ☐ I AM WAIVING OR DISCONTINUING MY PARTICIPATION IN THE GROUP DENTAL PROGRAM.

IMPORTANT NOTE :

For each benefit that you are newly electing and/or changing, a NEW ENROLLMENT FORM needs to be completed/submitted. "Changes" are defined as: changing Dental/Vision plans, adding or dropping dependents, terminating coverage in which you were previously enrolled. Enrollment forms can be obtained from our Website.

VOLUNTARY VISION via Superior Vision (check one)

	<u>Tier</u>	<u>Monthly Rates</u>
☐	Employee Only	\$6.40
☐	Employee + Spouse	\$10.87
☐	Employee + Child(ren)	\$11.49
☐	Employee + Family	\$17.26

- ☐ I AM KEEPING VOLUNTARY VISION THE SAME THIS SCHOOL YEAR
- ☐ I AM CHANGING MY ENROLLMENT - i.e., Plan Election change and/or dropping or adding dependents.
- ☐ I AM WAIVING OR DISCONTINUING MY PARTICIPATION IN THE VOLUNTARY VISION

IMPORTANT NOTE :

For each benefit that you are newly electing and/or changing, a NEW ENROLLMENT FORM needs to be completed/submitted. "Changes" are defined as: changing Dental/Vision plans, adding or dropping dependents, terminating coverage in which you were previously enrolled. Enrollment forms can be obtained from our Website.

I UNDERSTAND THE ABOVE ELECTIONS ARE EFFECTIVE THROUGHOUT THE COVERAGE PERIOD AND MAY NOT BE CHANGED UNTIL NEXT OPEN ENROLLMENT, UNLESS I EXPERIENCE A QUALIFIED LIFE STATUS EVENT. IN THE EVENT OF A QUALIFIED LIFE STATUS, I UNDERSTAND THAT I AM PERMITTED 30 DAYS FROM THE DATE OF THE LIFE EVENT TO MODIFY MY ELECTIONS.

(*Qualified Life Change Events include: marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from benefits eligible to non-benefits eligible.)

Print Name: _____

Signature: _____

Date Signed: _____

SUBMIT COMPLETED/SIGNED FORM TO NANCY SISTO BY NO LATER THAN JUNE 19, 2026