



CHANGE OF DENTAL COVERAGE PLAN

YEAR 2023-2024

Open Enrollment 5/01/23 - 5/14/23

EMPLOYEE NAME: _____

I am currently enrolled in dental *Plan* _____ and I would like to switch my enrollment to *Plan* _____, effective 7/01/2023. I understand that:

- This is a one-time opportunity during the Open Enrollment period for Plan Year 2023-2024.
- 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 5/14/2023.

(Signature)

(Date)