



I am electing the following coverage:

<u>Managed Dental Care Plan</u>	<u>Semi-Monthly Rate (10/1/2023)</u>
EE (Employee Only) _____	\$11.68
EE/SP (Employee/Spouse) _____	\$23.37
EE/Child (Employee/Child(ren))	\$30.61
Family _____	\$40.08

<u>PPO Plan</u>	<u>Semi-Monthly Rate (10/1/2023)</u>
EE (Employee Only) _____	\$20.52
EE/SP (Employee/Spouse) _____	\$41.65
EE/Child (Employee/Child(ren))	\$56.38
Family _____	\$83.03

I am continuing in the same coverage that I currently have: _____

Employee Signature: _____ **Date:** _____

Print Name: _____

Waiver Only Section

I am waiving dental coverage for this plan year and understand I cannot enroll until the next open enrollment, unless I have a qualifying event.

Employee Signature: _____ **Date:** _____

Print Name: _____