DELTA DENTAL®

DECLINATION OF COVERAGE

Check One:

☐ 2 - 50 Employees (individuals waiving coverage due to other coverage do not count against the group's participation requirement)

☐ 51+ Employees (individuals waiving coverage due to other coverage do count against the group's participation requirement)

I hereby acknowledge that I have been offered group coverage under my employer's dental health program for myself and/or my dependents. However, I am declining coverage for (check all that apply):

- ☐ Myself (employee only coverage)
- ☐ Myself and my eligible family members (employee and dependent coverage)

Late Enrollee

I understand that if I do not enroll myself and/or my eligible dependents within 31 days of first becoming eligible, I may do so later as a "late enrollee." Depending on the conditions of my group policy, I will need to wait until the group's annual open enrollment period to enroll myself and/or my dependents.

> **Open Enrollment** Applicants will not be allowed to enroll themselves and/or their dependents until the next open enrollment period.

However, as an eligible individual, I shall not be considered a late enrollee if I am entitled to enroll in accordance with the "Special Enrollment Rights" described below.

Special Enrollment

I further understand that if I am declining enrollment for myself and/or my dependents(s) (including my spouse) because of other coverage, I may in the future be able to enroll myself or my dependent(s) in this plan provided that I request enrollment within 30 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Coverage for either enrollment circumstances will begin at the group's first premium payment date following application.

Employee Signature	Date
Employee Name (print)	Employer Name (print)