

Vision Insurance with Dental Select

You are able to have just vision coverage and no health coverage

I want Vision Coverage Dental Select Vis 8 EO ES EC EF

- o If you are enrolling for the first time **you must complete** the attached Dental Select form.
- o If you are adding/removing a spouse or dependents **you must complete** the attached Dental Select form.
- o If you are currently enrolled in the dental plan and wish to make no changes complete just this form, you **do not need** to complete a Dental Select form.

I Waive Vision Coverage

Printed Name _____ Signature _____

Date signed _____

All Forms must be returned no later than January 23, 2018 to Henry Lowery