

OFFICE OF PENSIONS

DENTAL INSURANCE COVERAGE

REFUSAL

I have been advised of the dental plans provided by Delta Dental and Dominion Dental.

I elect not to participate in a dental insurance coverage plan offered through the Office of Pensions.

Name: _____

Employee ID: _____

Signature: _____

Social Security # _____

Date: _____

In most cases, future enrollment opportunities in the plans are restricted to an annual reopening.

Form DR (4/2007)§